


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90449 011 ***150.00

DOCUMENT # P00000053255 1. Entity Name RICHARD J. SASSATELLI, INC.					
Principal Place of Business 3200 US HWY. 27 SOUTH, SUITE 304 SEBRING, FL 33870			Mailing Address 3200 US HWY. 27 SOUTH, SUITE 304 SEBRING, FL 33870		
2. Principal Place of Business - No P.O. Box # 104 MEDICAL CENTER AVE		3. Mailing Address 104 MEDICAL CENTER AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SEBRING FLORIDA		City & State SEBRING FLORIDA		4. FEI Number 65-1009273	
Zip 33870		Country HIGHLANDS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SASSATELLI, RICHARD J 3200 US HWY. 27 SOUTH, SUITE 304 SEBRING, FL 33870			7. Name and Address of New Registered Agent Name RICHARD J SASSATELLI Street Address (P.O. Box Number is Not Acceptable) 104 MEDICAL CENTER AVE City SEBRING FL Zip Code 33870		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Richard J. Sassatelli</u> Richard J. Sassatelli 4.25.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASSATELLI, RICHARD J. 3200 US HWY. 27 SOUTH, SUITE 304 SEBRING, FL 33870	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard J Sassatelli 104 Medical Center Ave Sebring FL 33870			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard J. Sassatelli **Richard J. Sassatelli** 4.25.07 (863)314-0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #