

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90049 025 ***150.00

DOCUMENT # P00000058469

1. Entity Name

VINCENT A. DI FRAIA, INC.



Principal Place of Business
304 WAY POINT DR
GROVELAND FL 34736

Mailing Address
304 WAY POINT DR
GROVELAND FL 34736



2. Principal Place of Business - No P.O. Box #

304 WAY POINT DR.
Suite, Apt. #, etc.

3. Mailing Address

304 WAY POINT DR
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

GROVELAND FL
Zip 34736 Country USA

City & State

GROVELAND FL
Zip 34736 Country USA

4. FEI Number 65-1017802

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DI FRAIA, VINCENT A INC
15061 NORFOLK LN
FORT LAUDERDALE FL 33331

7. Name and Address of New Registered Agent

Name DI FRAIA, VINCENT A. INC.
Street Address (P.O. Box Number is Not Acceptable)
304 WAY POINT DR.
City GROVELAND FL Zip Code 34736

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 Vincent A. Di Fraia
Signature, typed or printed name of registered agent and title, if applicable.

VINCENT A. DI FRAIA
(NOTE: Registered Agent signature required when reinstating)

ADDRESS ONLY
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DI FRAIA, VINCENT A	
STREET ADDRESS	15061 NORFOLK LANE	
CITY ST ZIP	DAVIE FL 33331	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DI FRAIA, EVELYN L	
STREET ADDRESS	15061 NORFOLK LANE	
CITY ST ZIP	DAVIE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	304 WAY POINT DR.	ADDRESS ONLY
CITY ST ZIP	GROVELAND FL 34736	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	304 WAY POINT DR.	ADDRESS ONLY
CITY ST ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Vincent A. Di Fraia

VINCENT A. DI FRAIA

1/22/07

352-502

3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Phone #