


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000063885 1. Entity Name TUTTO A POSTO, INC.	
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Principal Place of Business 216 PONTE VEDRA PARK DR. PONTE VEDRA BEACH, FL 32082	Mailing Address 216 PONTE VEDRA PARK DR. PONTE VEDRA BEACH, FL 32082
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06162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3667432	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RECUPITO, GIOVANNI
216 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH, FL 32082

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

600136348986
9/25/08--01058--011 **550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RECUPITO, GIOVANNI 261 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

8/9/24

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IN THIS SPACE

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:  9/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #