# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2006**
**Secretary of State**

DOCUMENT# P01000025961

**Entity Name:** GR GIORGIANNI, INCORPORATED

**Current Principal Place of Business:**

11401 NORTH 19 ST.
TAMPA, FL 336126132

**New Principal Place of Business:**

**Current Mailing Address:**

11401 NORTH 19 ST.
TAMPA, FL 336126132

**New Mailing Address:**

**FEI Number: 59-3703626** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIORGIANNI, GERALD R
11401 NORTH 19 ST.
TAMPA, FL 336126132 US

**Name and Address of New Registered Agent:**

GIORGIANNI, PATRICIA H
11401 NORTH 19 ST.
TAMPA, FL 336126132 US

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.

SIGNATURE: PATRICIA H. GIORGIANNI 01/12/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: GIORGIANNI, GERALD R
Address: 11401 NORTH 19 ST.
City-St-Zip: TAMPA, FL 336126132

Title: VD ( ) Delete
Name: GIORGIANNI, PATRICIA A
Address: 11401 NORTH 19 ST.
City-St-Zip: TAMPA, FL 336126132

Title: VD ( ) Delete
Name: GIORGIANNI, JOSEPH W
Address: 1918 E.115TH AVENUE
City-St-Zip: TAMPA, FL 336126132

Title: VD (X) Delete
Name: KRAUSE, GIGETTA M
Address: 16320 MCGLAMERY ROAD
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: GIORGIANNI, PATRICIA H
Address: 11401 NORTH 19 ST.
City-St-Zip: TAMPA, FL 336126132

Title: VD (X) Change ( ) Addition
Name: KRAUSE, GIGETTA M
Address: 16320 MCGLAMERY ROAD
City-St-Zip: ODESSA, FL 33556

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA H. GIORGIANNI PD 01/12/2006
Electronic Signature of Signing Officer or Director Date