FEB-23-2005 WED 09:39 AM BRIGID D SOLDAVINI,CPA FAX NO

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Secretary of State
02-28-2005 90248 001 ***600.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000041937

1. Entity Name
ACITO, INC.

66002713

Principal Place of Business	Mailing Address
5215 OLD GALLOWS WAY NAPLES, FL 34105	5215 OLD GALLOWS WAY NAPLES, FL 34105

DO NOT WRITE IN THIS SPACE

02232005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3717035
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

D'AGOSTINO, LOUIS D
821 5TH AVE. SOUTH, SUITE 201
NAPLES, FL 34102

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TERRICO, GENE
STREET ADDRESS	IG, INC., 4877 LAKE CECILE DR.
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	S
NAME	BUONCERVELLO, SONY
STREET ADDRESS	PO BOX 470127 (A.M. BUONCERVELLO TRUST)
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	T
NAME	D'AGOSTINO, FRANK
STREET ADDRESS	5215 OLD GALLOWS WAY
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Louis D'Agostino 2/23/05 239-403-4070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #