2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000082553 01-11-2008 90034 026 ***150.00 GUGLIELMELLO INVESTMENTS, INC. Mailing Address Principal Place of Business 731 N HWY 17-92 731 N. HWY 17-92 SUITE 201 SUITE 201 LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3737703 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUGLIELMELLO, MARILYN Street Address (P.O. Box Number is Not Acceptable) 1100 CRYSTAL BOWL CIRCLE CASSELBERRY, FL 32707 2.00 Zio Code 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 _______Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Delete TITLE ☐ Change ☐ Addition TITLE GUGLIELMELLO, KEITH NAME NAME STREET ADDRESS 660 SILVERCREEK DR STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ■ Addition GUGLIELMELLO, MARILYN STREET ADDRESS 1100 CRYSTAL BOWL CIRCLE STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GUGLIELMELLO, LOUIS JR NAME NAME STREET ADDRESS 550 GREENSPRINGS CIR STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CHTY-ST-ZIP Delete ■ Addition TITLE TITLE GUGLIELMELLO, JERRY NAME **GUGLIELMELLO, JERRY** NAME 99 TIDE MILL LN. APT. #4 STREET ADDRESS 819-A EDSON AVE. STREET ADDRESS CITY-ST-ZIP MAYPORT, FL 32227 CITY-ST-ZIP HAMPTON, VA 23666 TITLE Delete TUTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplies with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplies entity eport is frue 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 receipts or trustee employee 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 attachm SIGNATURE: OR DIRECTOR Oate Daytime Phone

FILED

Jan 11, 2008 8:00 am