

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90333 029 ***150.00

DOCUMENT # P01000087087

1. Entity Name
CIARCIA & GUDINO, INC.



Principal Place of Business
**524 BLACK LION DRIVE
ST PETERSBURG, FL 33716**

Mailing Address
**PO BOX 21584
ST PETERSBURG, FL 33742**

50010596



2. Principal Place of Business
4107 HARBOR LAKE

3. Mailing Address
P.O. Box 152287

Suite, Apt. #, etc.
DRIVE

Suite, Apt. #, etc.

01142006

Chg-P

CR2E034 (11/05)

City & State
LOTZ, FLORIDA

City & State
Tampa FLORIDA

4. FEI Number
59-3742253

Applied For
Not Applicable

Zip
33558

Country
USA

Zip
33684

Country
USA

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

6. Name and Address of Current Registered Agent

**GUDINO, RICATTO
524 BLACK LION DR N.E.
SAINT PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent

Name
RICHARD GUDINO -

Street Address (P.O. Box Number Not Acceptable)
524 BLACK LION DR N.E.

City
SAINT PETERSBURG

FL

Zip Code
33716

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 **RICHARD GUDINO**

DATE **01/20/06**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
CIARCIA, MARIO
524 BLACK LION DRIVE NE
SAINT PETERSBURG, FL 33716** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
GUDINO, THAIS
524 BLACK LION DRIVE NE
SAINT PETERSBURG, FL 33716** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: **RICHARD GUDINO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **01/20/06** (727) 4099378 -
Daytime Phone #