

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000039760**

1. Entity Name  
**FAMILY PLUS, INC.**



Principal Place of Business  
**4133 MARINER BLVD  
SPRING HILL, FL 34608**

Mailing Address  
**7812 FLOREL DR  
SPRING HILL, FL 34607**



04272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-0999837**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RAMPINO, MICHAEL  
7812 FLORAL DRIVE  
SPRING HILL, FL 34607**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RAMPINO, MICHAEL S
STREET ADDRESS	7812 FLORAL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	D
NAME	MILLS, RICHARD P
STREET ADDRESS	7828 FLORAL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	D
NAME	VITALE, DANTE
STREET ADDRESS	123 PRESIDENT STREET
CITY-ST-ZIP	BROOKLYN, NY 11231
TITLE	D
NAME	PASTORE, JOSEPH
STREET ADDRESS	9124 GALLUP CIRCLE
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000331645  
05/22/08-80024-002 150.00

**DO NOT WRITE  
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:** *Michael S Rampino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/08* *352-556-3051*  
Date Daytime Phone #