

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000044034

1. Entity Name
FRED JULIANO ENTERPRISES, INC.



Principal Place of Business
**2991 US 27 NORTH
AVON PARK, FL 33825**

Mailing Address
**P.O. BOX 3555
SEBRING, FL 33871**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0549882

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JULIANO, FRED JR.
1221 SHAMROCK DRIVE
SEBRING, FL 33875**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
JULIANO, FRED JR.
1221 SHAMROCK DRIVE
SEBRING, FL 33875**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GRAHAM, JUDY
120 N 4TH AVENUE
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
JULIANO, CAROL J
1221 SHAMROCK DRIVE
SEBRING, FL 33875**

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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01/18/08-80001-011 150.00

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #