

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054850

Entity Name: IANNUCCI, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

7242 CLINTON STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

4819 KANGAROO CIRCLE
MIDDLEBURG, FL 32068

Current Mailing Address:

PO BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

4819 KANGAROO CIRCLE
MIDDLEBURG, FL 32068

FEI Number: 32-0014725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IANNUCCI, LANE THOMAS
7242 CLINTON STREET
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: IANNUCCI, LANE THOMAS
Address: 7242 CLINTON STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: VTD () Delete
Name: IANNUCCI, PETER V
Address: 8700 SOUTHSIDE BLVD. APT. 703
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: WEHRMEYER, SCOTT
Address: 5571 WESTLAND STATION RD.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: IANNUCCI, PETER V
Address: 4819 KANGAROO CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER V IANNUCCI

VTD

04/26/2005

Electronic Signature of Signing Officer or Director

Date