## **2007 FOR PROFIT CORPORATION** FILED. **ANNUAL REPORT** Apr 23, 2007 08:00 All Secretary of State **DOCUMENT # P02000071555** 1. Entity Name GINO GERMANA AND SONS, INC. Principal Place of Business Mailing Address 2355 BREMEN COURT 2355 BREMEN COURT PUNTA GORDA, FL. 33983 PUNTA GORDA, FL 33983 CR2E034 (11/05) 03282007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 56-2288859 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERMANA, EUGENE DO NOT WRITE 2355 BREMEN COURT PUNTA GORDA, FL 33983 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) 05/04/07-80048-010 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GERMANA, EUGENE STREET ADDRESS 2355 BREMEN COURT CITY-ST-ZIP PUNTA GORDA, FL 33983 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied 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 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:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-16-07

Daytime Phone #