


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90079 010 ***150.00

DOCUMENT # P02000079541			
1. Entity Name PALLADINO CUSTOM HOMES INC.			
Principal Place of Business 403 ASHBURY WAY NAPLES, FL 34110		Mailing Address 403 ASHBURY WAY NAPLES, FL 34110	
2. Principal Place of Business - No P.O. Box # 6460 Hidden Oaks Ln. Suite, Apt. #, etc.		3. Mailing Address 6460 Hidden Oaks Lane Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34119	Country USA	Zip 34119	Country USA
6. Name and Address of Current Registered Agent PALLADINO, ANTHONY F 403 ASHBURY WAY NAPLES, FL 34110		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6460 Hidden Oaks Lane City Naples FL Zip Code 84119	
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: <u>Tony Palladino</u> DATE: <u>1-30-07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALLADINO, ANTHONY F 403 ASHBURY WAY NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Palladino, Anthony F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6460 Hidden Oaks Lane Naples, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Tony Palladino</u>		Date	1-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	239-596-3111