

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90202 029 \*\*\*150.00

**DOCUMENT # P02000092827**

1. Entity Name  
SMILES NITE CLUB, INC.



Principal Place of Business  
OLD KINGS COMMONS SHOPPING CENTER  
7 OLD KINGS ROAD, N., UNIT 1  
PALM COAST, FL 32137

Mailing Address  
~~144 PALM CIRCLE~~  
FLAGLER BEACH, FL 32136

*PO Box 482 Flagler Beach*

*FL 32136*



**DO NOT WRITE IN THIS SPACE**

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1161555

Applied For  
Not Applicable

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

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

GLENN, IANNILLO  
~~144 PALM CIRCLE~~  
~~FLAGLER BEACH, FL 32136~~

*12 Cortez Ct  
Palm Coast FL  
32137*

**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 fee if applicable

(NOTE: Registered Agent signature required when restate)

DATE

*4/13/07*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GLENN, IANNILLO
STREET ADDRESS	<del>144 PALM CIRCLE</del>
CITY-ST-ZIP	<del>FLAGLER BEACH, FL 32136</del> <i>12 Cortez Ct Palm Coast FL 32137</i>
TITLE	TR
NAME	GLENN, IANNILLO
STREET ADDRESS	<del>144 PALM CIRCLE</del>
CITY-ST-ZIP	<del>FLAGLER BEACH, FL 32136</del>
TITLE	VP
NAME	MELINDA, IANNILLO
STREET ADDRESS	<del>144 PALM CIRCLE</del> <i>Glenn Iannillo</i>
CITY-ST-ZIP	<del>FLAGLER BEACH, FL 32136</del>
TITLE	SEC
NAME	MELINDA, IANNILLO
STREET ADDRESS	<del>144 PALM CIRCLE</del> <i>Glenn Iannillo</i>
CITY-ST-ZIP	<del>FLAGLER BEACH, FL 32136</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/07*

Date

*386 864 7486*

Daytime Phone #

*Glenn Iannillo*