

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000102763					
1. Entity Name PER BACCO INC					
Principal Place of Business 5215 OLD GALLOWES WAY NAPLES FL 34105			Mailing Address 5215 OLD GALLOWES WAY NAPLES FL 34105		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 80-0058395	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
D'AGOSTINO, LOUIS D 821 FIFTH AVE SOUTH STE 201 NAPLES FL 34102				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating)					
2/17/06 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	D'AGOSTINO, FRANK		NAME		
STREET ADDRESS	5215 OLD GALLOWES WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34105		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	D'AGOSTINO, DOMENIC		NAME		
STREET ADDRESS	5215 OLD GALLOWES WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34105		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	D'AGOSTINO, JOHN		NAME		
STREET ADDRESS	7834 GARDNER DR., #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	D'AGOSTINO, MARIO		NAME		
STREET ADDRESS	2215 HAWKS RIDGE DR #803		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34105		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	D'AGOSTINO, ANNE		NAME		
STREET ADDRESS	5215 OLD GALLOWES WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34105		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **80-0058395**

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

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'AGOSTINO, LOUIS D
821 FIFTH AVE SOUTH STE 201
NAPLES FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

2/17/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
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9. Election Campaign Financing
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03/04/06-80058-022 158.75

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Anne D'Agostino Anne D'Agostino 1/26/06 (239) 4034070