

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90086 006 ***150.00

DOCUMENT # P02000110840

1. Entity Name
CARMINE DEPRIMA SERVICES INC.



Principal Place of Business

**3735 KAISER AVE.
ST. CLOUD, FL 34772**

Mailing Address

**3735 KAISER AVE.
ST. CLOUD, FL 34772**

DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1634086

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEPRIMA, CARMINE
3735 KAISER AVE.
ST. CLOUD, FL 34772**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/2007
DATE

**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	PREZ
NAME	DEPRIMA, CARMINE
STREET ADDRESS	3735 KAISER AVE.
CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	S
NAME	AMATO, NICHOLAS
STREET ADDRESS	108 LOCHNESS LANE
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	T
NAME	ORMSBEE, BRIAN
STREET ADDRESS	5101 SOUTH KAILIGA DRIVE
CITY-ST-ZIP	NARCOSSEE, FL 34771
TITLE	VP
NAME	BURLESON, RITAN
STREET ADDRESS	3735 KAISER AV
CITY-ST-ZIP	SAINT CLOUD, FL 34772
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

Date

Daytime Phone #

Carmine DePrima Prez 4/28/07 407-709-6672