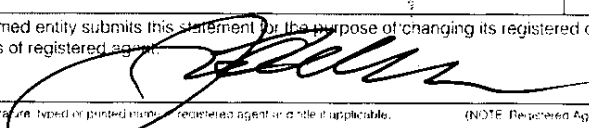
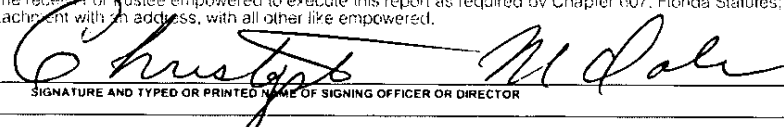


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90206 031 ***150.00

DOCUMENT # P02000126194 1. Entity Name SANTANIELLO BROTHERS, INC.					
Principal Place of Business C/O CORRINE FLAGG 2309 NE 22ND AVE CAPE CORAL, FL 33909			Mailing Address % ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FT. MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Drawer 60205			
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o John M. Wicker, P.A.			
City & State		City & State Fort Myers FL			
Zip	Country	Zip 33906	Country Lee	4. FEI Number 13-4223631	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D 12670 NEW BRITTANY BLVD STE 101 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name JOHN M. WICKER, P.A. Street 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City 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 terminating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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 NAME STREET ADDRESS CITY - ST - ZIP	PST DOLAN, CHRISTOPHER M 2309 NE 22ND AVE CAPE CORAL, FL 33909 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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					