


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90082 044 ***150.00

DOCUMENT # P03000019479	
1. Entity Name VINCENT & KAREN PETTI, INC.	

Principal Place of Business 5900 SW 164 TER FT LAUDERDALE FL 33331	Mailing Address 5900 SW 164 TER FT LAUDERDALE FL 33331
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2. Principal Place of Business - No P.O. Box # 42 Waterside CT	3. Mailing Address 42 Waterside CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

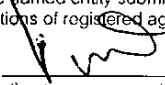
City & State Ellijay Ga	City & State Ellijay Ga
Zip 30536	Country USA

4. FEI Number 47-0909888	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIRRE, LANCE P 5400 S UNIVERSITY DR STE 601 DAVIE FL 33328	
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7. Name and Address of New Registered Agent	
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 	DATE 1/30/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PVST PETTI, VINCENT 5900 SW 164 TERR FORT LAUDERDALE FL 33328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	Petti, Vincent 42 Waterside CT Ellijay Ga 30536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	DATE 1/30/07	DAYTIME PHONE # 954 7092344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		