

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90350 034 ***150.00

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04182008 Chg-P CR2E034 (12/06)

DOCUMENT # P03000058813					
1. Entity Name ACIREALE-ORLANDO, INC.					
Principal Place of Business 1301 RIVERPLACE BOULEVARD SUITE 1609 JACKSONVILLE, FL 32207			Mailing Address 1301 RIVERPLACE BOULEVARD SUITE 1609 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 501 Riverside Ave.			3. Mailing Address 501 Riverside Ave.		
Suite, Apt. #, etc. Ste. 601			Suite, Apt. #, etc. Ste. 601		
City & State Jacksonville, FL			City & State Jacksonville, FL		
Zip 32202	Country US	Zip 32202	Country US	4. FEI Number 06-1723408	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEEK, EUGENE G III 1301 RIVERPLACE BOULEVARD SUITE 1609 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 501 Riverside Ave., Ste. 601 City Jacksonville FL Zip Code 32202		
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 <i>Eugene G Peek III</i> DATE <i>04/22/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD ACIREALE, GIOVANNI 1301 RIVERPLACE BOULEVARD, SUITE 1609 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 Riverside Ave., Ste. 601 Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD ACIREALE, AGNELLA 1301 RIVERPLACE BOULEVARD, SUITE 1609 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 Riverside Ave., Ste. 601 Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Eugene G. Peek III 501 Riverside Ave., Ste. 601 Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <i>Giovanni Acireale</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GIOVANNI ACIREALE, PRESIDENT			Date <i>4/22/08</i> Daytime Phone <i>(904) 399 1601</i>		