

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 03, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000083945

1. Entity Name  
PORCELLI EXECUTIVE CENTRE, INC.



Principal Place of Business  
4644 GLISSADE DRIVE  
NEW PORT RICHEY, FL 34652

Mailing Address  
4644 GLISSADE DRIVE  
NEW PORT RICHEY, FL 34652



06282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0125244

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JEFFREY A. DOWD, P.A.  
3016 US HIGHWAY 301 N  
SUITE 900  
TAMPA, FL 33619

**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)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PORCELLI, JOSEPH A  
STREET ADDRESS 4644 GLISSADE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE VTD  
NAME EGAN, JOHN F  
STREET ADDRESS 4644 GLISSADE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE S  
NAME VASILE, SALVATORE F  
STREET ADDRESS 4644 GLISSADE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000766804  
07/03/07-80001-020 150.00

**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

6/24/07

Date

727-843-9223

Daytime Phone #