

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000109955

1. Entity Name
LICCIARDELLO HOME IMPROVEMENTS INC.



Principal Place of Business
**16110 SE 21 AVE.
SUMMERFIELD, FL 34491**

Mailing Address
**16110 SE 21 AVE.
SUMMERFIELD, FL 34491**



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0285377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LICCIARDELLO, SANDRA
16110 SE 21 AVE.
SUMMERFIELD, FL 34491**

**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
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	PRES
NAME	LICCIARDELLO, BENITO J
STREET ADDRESS	16110 SE 21 AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	V. P
NAME	LICCIARDELLO, BENITO J III
STREET ADDRESS	16110 SE 21 AVE.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	SEC.
NAME	LICCIARDELLO, DOMINIC M
STREET ADDRESS	16110 SE 21 AVE.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000710988
04/25/07-80065-022 150.00

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: *Benito J. Licciardello - Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07 352-245-7733

Date

Daytime Phone #