

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

8/31/2006-90003-009-\$550.00-\$550.00

**FILED**

2006 SEP 19 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000111074

1. Entity Name  
FRATELLO, INC.



Principal Place of Business  
166 JUNIPER TRIAL  
OCALA, FL 34480

Mailing Address  
166 JUNIPER TRIAL  
OCALA, FL 34480



07032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2113531

Applied For  
Not Applicable

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

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

WADE, DANIEL J  
3391-F E. SILVER SPRINGS BLVD,  
OCALA, FL

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reelecting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	FRATELLO, JAY E
STREET ADDRESS	166 JUNIPER TRIAL
CITY-ST-ZIP	OCALA, FL 34480
TITLE	DS
NAME	FRATELLO, REBECCA B
STREET ADDRESS	166 JUNIPER TRIAL
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	WADE, DANIEL J
STREET ADDRESS	3391-F E. SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

9-18-06 352-342-4123  
Date Daytime Phone