

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000116894

1. Entity Name
MR. HUSTLE, INC.



Principal Place of Business
**4107 SW MOORE STREET
PALM CITY, FL 34990**

Mailing Address
**4107 SW MOORE STREET
PALM CITY, FL 34990**



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0349171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORIGLIANO, WANDA F
4107 SW MOORE STREET
PALM CITY, FL 34990**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORIGLIANO, WANDA F
STREET ADDRESS	4107 SW MOORE STREET
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VP
NAME	CORIGLIANO, WANDA F
STREET ADDRESS	4107 SW MOORES ST
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	SEC
NAME	CORIGLIANO, WANDA F
STREET ADDRESS	4107 SW MOORE ST
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	TRES
NAME	CORIGLIANO, WANDA F
STREET ADDRESS	4107 SW MOORE STREET
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	DIR
NAME	CORIGLIANO, WANDA F
STREET ADDRESS	4107 SW MOORE STREET
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/08-80034-009 150.00

**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:

Wanda Foy Corigliano
Wanda Foy Corigliano, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08

Date

772-220-7624

Daytime Phone #