

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90038 035 \*\*\*150.00

**DOCUMENT # P03000123044**

1. Entity Name  
**ANTHONY D'AMICO INC.**



Principal Place of Business

~~1430 COMPTON ST~~  
~~BRANDON, FL 33511~~  
**6424 Causeway Blvd**  
**Tampa FL 33619**

Mailing Address

~~1430 COMPTON ST~~  
~~BRANDON, FL 33511~~  
**6424 Causeway Blvd**  
**Tampa FL 33619**

**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>90-0118944</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**D'AMICO, ANTHONY**  
**1430 COMPTON ST**  
**BRANDON, FL 33511**

**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 Anthony D'Amico Anthony D'Amico President 4/7/2005  
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD D'AMICO, ANTHONY 1430 COMPTON ST BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD D'AMICO, JENNIFER 1430 COMPTON ST BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Anthony D'Amico Anthony D'Amico 4/7/2005 813-239-7126  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #