

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000150089

1. Entity Name
CARL DARRIGO, INC.



Principal Place of Business
810 N CASTLE CT
TAMPA, FL 33612

Mailing Address
810 N CASTLE CT
TAMPA, FL 33612

FILED
Aug 14, 2008 08:00 AM
Secretary of State



08122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0102329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DARRIGO, CARL
810 N CASTLE CT
TAMPA, FL 33612

**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)

President

U00000957332-08
08/14/08-80608-018 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DARRIGO, CARL
810 N CASTLE CT
TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
DARRIGO, CARL J JR.
1025 LAKE PALM DRIVE
LARGO, FL 33771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
CUNNINGHAM, JOHN M
13802 N BLVD.
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Carl Darrigo CARL DARRIGO

8-12-08

Date

813-9335676

Daytime Phone #