


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000150089</b> 1. Entity Name <b>CARL DARRIGO, INC.</b>	
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**FILED**  
**Aug 14, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>810 N CASTLE CT                  TAMPA, FL 33612</b>	Mailing Address <b>810 N CASTLE CT                  TAMPA, FL 33612</b>
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08122008	No Chg-P	CR2E034 (11/05)
4. FEI Number <b>32-0102329</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  <b>DARRIGO, CARL                  810 N CASTLE CT                  TAMPA, FL 33612</b>	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 *Carl Darrigo* President U000009587332-08  
08/14/08-80608-018 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00                  Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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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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: *Carl Darrigo* CARL DARRIGO 8-12-08 813-933-5676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #