2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000003276

1. Entity Name
SAM MAGGIACOMO, INC.

Principal Place of Business
1913 E BEARSS AVENUE
TAMPA, FL 33613

Mailing Address
1913 E BEARSS AVENUE
TAMPA, FL 33613

04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1093377

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAGGIACOMO, SAM
1518 BOGIE DRIVE
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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000293401
04/08/05-80023-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAGGIACOMO, SAM
STREET ADDRESS	1913 E BEARSS AVENUE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	V
NAME	MAGGIACOMO, DAVID
STREET ADDRESS	1913 E BEARSS AVENUE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	S
NAME	MAGGIACOMO, SARA
STREET ADDRESS	1913 E BEARSS AVENUE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: SAM MAGGIACOMO [signature] Apr 4/05 (813) 933-5931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #