

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 018 ***150.00

DOCUMENT # P04000005355



1. Entity Name
SEVENTYSEVEN, INC.

Principal Place of Business: **17 4TH STREET APT. A ST. AUGUSTINE, FL 32080 US**
 Mailing Address: **1093 A1A BEACH BLVD #553 ST. AUGUSTINE BEACH, FL 32080 US**

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2. Principal Place of Business 1093 A1A BEACH BLVD		3. Mailing Address Suite, Apt. #, etc. # 553		08062005	Chg-P	CR2E034 (10/03)
City & State ST. AUGUSTINE BEACH, FL		City & State		4. FEI Number 65-1185430		Applied For Not Applicable
Zip 32080	Country US	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent FAMIGLIETTI, DANIEL F 17 4TH STREET APT. A ST. AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name: DANIEL F. FAMIGLIETTI Street Address (P.O. Box Number is Not Acceptable): 17 4TH STREET APT. D City: ST. AUGUSTINE FL Zip Code: 32080			
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAMIGLIETTI, DANIEL F 17 4TH STREET APT. A ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DANIEL F. FAMIGLIETTI 174TH STREET APT. D ST. AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Daniel F. Famiglietti* **8-06-05** **904-669-5386**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dastore Prices #