

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005358

FILED
Aug 02, 2009
Secretary of State

Entity Name: KENNETH M. SALVUCCI INC.

Current Principal Place of Business:

4183-C PALM BAY CIR
WEST PALM BCH, FL 33406

New Principal Place of Business:

4088 COLLIN DR
WEST PALM BCH, FL 33406

Current Mailing Address:

4183-C PALM BAY CIR
WEST PALM BCH, FL 33406

New Mailing Address:

PO BOX 19177
WEST PALM BCH, FL 33416

FEI Number: 54-2141228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVUCCI, KENNETH M
4183-C PALM BAY CIR
WEST PALM BCH, FL 33406 US

Name and Address of New Registered Agent:

SALVUCCI, KENNETH M
4088 COLLIN DR
WEST PALM BCH, FL 33406 US

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.

SIGNATURE:

08/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALVUCCI, KENNETH M
Address: 4183-C PALM BAY CIR
City-St-Zip: WEST PALM BCH, FL 33406

Title: VP () Delete
Name: SALVUCCI, ROXANNE
Address: 4183-C PALM BAY CIR
City-St-Zip: WEST PALM BCH, FL 33406

Title: T () Delete
Name: SOMERVILLE, KERRY TIM
Address: 4088 COLLIN DR
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALVUCCI, KENNETH M
Address: 4088 COLLIN DR
City-St-Zip: WEST PALM BCH, FL 33406

Title: VP (X) Change () Addition
Name: SALVUCCI, ROXANNE
Address: 4088 COLLIN DR
City-St-Zip: WEST PALM BCH, FL 33406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH M SALVUCCI

PRES

08/02/2009

Electronic Signature of Signing Officer or Director

Date