FILED
May 05, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000028549

1. Entity Name
WILLIAM JAMES FIORE, INC.

Principal Place of Business	Mailing Address
323 W HAYA ST TAMPA, FL 33603	323 W HAYA ST TAMPA, FL 33603

04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0792873
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIORE, JOHN
8402 QUARTZ PL
TAMPA, FL 33615

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

Check Enclosed #7055
FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FIORE, JOHN
STREET ADDRESS	8402 QUARTZ PL
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	EV
NAME	FIORE, WILLIAM
STREET ADDRESS	323 W HAYA ST
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	VP
NAME	FIORE, MATTHEW
STREET ADDRESS	8402 QUARTZ PL
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VP
NAME	AMICK, RONNY
STREET ADDRESS	806 E. NEW ORLEANS
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80007-015 150.00

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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: John Fiore 4/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #