

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000062410**

1. Entity Name  
ITALIANO, INC.



Principal Place of Business  
3439 WEDGEWOOD LANE  
THE VILLAGES, FL 32159

Mailing Address  
3439 WEDGEWOOD LANE  
THE VILLAGES, FL 32159



04072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1017682

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RICHARD S. BERGHOLTZ, P.A.  
1107 NORTH DONNELLY STREET  
MOUNT DORA, FL 32757

**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, 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	MANCO, GIOVANNI
STREET ADDRESS	602 WEDGEWOOD LANE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	VP
NAME	STONE, JULIE M
STREET ADDRESS	602 WEDGEWOOD LANE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	S,T
NAME	STONE, JULIE M
STREET ADDRESS	602 WEDGEWOOD LANE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000559027  
05/17/06-80119-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Julie M Stone-Manco* Julie M Stone-Manco 4-25-06 751-6674