

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 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



03162007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000753312
05/22/07-80016-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANCO, GIOVANNI 602 WEDGEWOOD LANE THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, JULIE M 602 WEDGEWOOD LANE THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T STONE, JULIE M 602 WEDGEWOOD LANE THE VILLAGES, FL 32162
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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: Julie M Stone-Manco VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 (352) 751 6074
Date Daytime Phone #