

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066718

FILED
Apr 22, 2009
Secretary of State

Entity Name: DAVID ANTHONY BUGLIONE, INC.

Current Principal Place of Business:

5305 KEENE'S PHEASANT DRIVE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

5305 KEENE'S PLEASANT DR
WINDERMERE, FL 34786

New Mailing Address:

PO BOX 536546
ORLANDO, FL 32853

FEI Number: 56-2455283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARTENLAUB, DOUGLAS
369 NORTH NEW YORK AVENUE
3RD FLOOR
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUGLIONE, DAVID ANTHONY
Address: 5305 KEENE'S PLEASANT DR
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: BUGLIONE, PHILLIP A
Address: 1029 KNICKERBOCK ROAD
City-St-Zip: ISLAND PARK, NY 11558

Title: D () Delete
Name: BUGLIONE, KAREN
Address: 1029 KNICKERBOCK ROAD
City-St-Zip: ISLAND PARK, NY 11558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID A BUGLIONE

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date