

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-11-2005 90300 024 \*\*\*150.00

P04000077589

FILED

05 OCT 28 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts OCT 31 2005



1st MOORE CR2E034 (10/04)

DOCUMENT # P04000077589

1. Entity Name

CAPANNINA, INC.



Principal Place of Business

985 SMOKERISE BLVD  
PORT ORANGE FL 32127

Mailing Address

985 SMOKERISE BLVD  
PORT ORANGE FL 32127

2. Principal Place of Business

4647 CLYDE MORRIS BLVD

3. Mailing Address

985 SMOKERISE BLVD

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

4. FEI Number

75-3161191

Applied For

Not Applicable

Zip

32129

Country

FLORIDA

Zip

32127

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GAMBERT, WILLIAM N  
629 N PENINSULA AVE  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

ALFREDO ORZA

Street Address (P.O. Box Number is Not Acceptable)

985 SMOKERISE BLVD

City

PORT ORANGE

FL

Zip Code

32127

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

10/22/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME ORZA, ALFRED ☐ Delete  
STREET ADDRESS 985 SMOKERISE BLVD  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE DV  
NAME ORZA, ANNA ☐ Delete  
STREET ADDRESS 985 SMOKERISE BLVD  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE TREASURY  
NAME GABRIELLO PICCININI ☐ Delete  
STREET ADDRESS 985 SMOKERISE BLVD  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

ALFREDO ORZA

10/22/05 (386)763-0159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #