

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149855

Entity Name: CHIANTI PALAZZO, INC.

FILED  
Feb 26, 2009  
Secretary of State

**Current Principal Place of Business:**

28548 CHIANTI TERRACE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

12870 TRADE WAY FOUR  
UNIT NO. 108, PMB 316  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 20-2050334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOVATT, JEFF M  
821 5TH AVE S SUITE 201  
NAPLES, FL 34102 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: DS ( ) Delete  
Name: PERKINS, JOHN H  
Address: 12870 TRADE WAY FOUR 316  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DP ( ) Delete  
Name: AZZARELLO, JO-ANNE  
Address: 12870 TRADE WAY FOUR 316  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DT ( ) Delete  
Name: MCINTOSH, JANE  
Address: 2 GRAYWOOD DR  
City-St-Zip: TORONTO, ON M9A 1P6 CA

**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: JOHN H PERKINS

DS

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date