2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000153238

1. Entity Name FUCINI & ASSOCIATES, INC.



May 29, 2008 8:00 am Secretary of State 05-29-2008 90197 016 ***150.00

FILED

Principal Place of Business

320 S. FERN STREET SAN MATEO, FL 32187 Mailing Address

320 S. FERN STREET SAN MATEO, FL 32187



DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2E034 (11/05)

4.	FEI Number		Applied For
	26-0101485		Not Applicable
5.	Certificate of Status Desired	\$8.75 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

FUCINI, DONNA M 320 S. FERN STREET SAN MATEO, FL 32187

'n

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							
	E NOW!!! FEE 18 \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Fin. Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUCINI, DONNA M 320 S. FERN STREET SAN MATEO, FL 32187			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby o	certify that the information supplied with this fill	ing does not qualify for the e	exemptions conta	ined in Chapter 119	9. Florida Statutes. I further certify that the information		

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: _	DINNER IL FOLINI, PAES.	<	(386) 325-1840
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Deytme Phone ∉