

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90037 022 ***150.00

DOCUMENT # P05000002888

1. Entity Name
ITARI ENTERPRISE AND TOWING INC



Principal Place of Business
**864 ASPENWOOD CIRCLE
KISSIMMEE, DL 34743 US**

Mailing Address
**864 ASPENWOOD CIRCLE
KISSIMMEE, DL 34743 US**

60007605



2. Principal Place of Business - No P.O. Box #
864 ASPENWOOD CIRCLE

3. Mailing Address
864 ASPENWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State
KISSIMMEE, FL 34743

City & State
KISSIMMEE, FL 34743

4. FEI Number
20-2113356

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAZZILLI, ANTHONY
864 ASPENWOOD CIRCLE
KISSIMMEE, FL 34743**

Name

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

City

FL

Zip Code

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

01-17-2007

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MAZZILLI, ANTHONY
864 ASPENWOOD CIRCLE
KISSIMMEE, FL 34743** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FANARA, JOSE L
12579 WISCONSIN WOOD LANE
ORLANDO, FL 32824** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP. JOSE FANARA
13027 BREEZE CT
ORLANDO, FL 32824** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

01-16-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #