
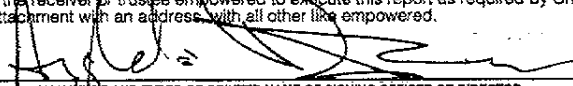


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # P05000014123</b>   |   |                |
| 1. Entity Name<br>ANGELO DITOMMASO JR., INC.   |   |   |
| Principal Place of Business<br>4833 5TH AVE DR WEST<br>PALMETTO, FL 34221  | Mailing Address<br>4833 5TH AVE DR WEST<br>PALMETTO, FL 34221   |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 6. Name and Address of Current Registered Agent<br><br>DITOMMASO, ANGELO JR<br>4833 5TH AVE DR WEST<br>PALMETTO, FL 34221  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>DITOMMASO, ANGELO JR<br>4833 5TH AVE DR WEST<br>PALMETTO, FL 34221   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | 7/16/07 841-<br>737-7784<br><small>Date Daytime Phone #</small>                                 |



07132007 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>05-0615446                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

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07/19/07-80001-019 150.00

**DO NOT WRITE  
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