


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00**  
**Secretary of State**

<b>DOCUMENT # P05000019665</b>	
1. Entity Name <b>ANTHONY AND PATRICIA MASCIA, INC.</b>	
	
Principal Place of Business <b>1214 RAMSDEL STREET PORT CHARLOTTE, FL 33952</b>	Mailing Address <b>1214 RAMSDEL STREET PORT CHARLOTTE, FL 33952</b>

**DO NOT WRITE IN THIS SPACE**

01192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0535001</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MASCIA, ANTHONY  
1214 RAMSDEL STREET  
PORT CHARLOTTE, FL 33952**

**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

*Anthony Mascia Pres.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/3/07**

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**

**U000000857522  
03/14/07-80071-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASCIA, ANTHONY 1214 RAMSDEL STREET PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MASCIA, PATRICIA J 1214 RAMSDEL ST PORT CHARLOTTE, FL 33952
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:

*Anthony Mascia* **ANTHONY MASCIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/07**

DATE

**941-928-9696**

Daytime Phone #