

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90070 018 ***150.00

DOCUMENT # P05000045886

1. Entity Name

DALESSIO DRY WALL & PAINTING CORPORATION



Principal Place of Business

**5103 9TH STREET
ZEPHYRHILLS FL 33541**

Mailing Address

**5103 9TH STREET
ZEPHYRHILLS FL 33541**



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

39406 Rockford Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zephyrhills FL

City & State

4. FEI Number

73-1728331

Applied For

Not Applicable

Zip

Country

Zip

Country

33542

PASCO

33542

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DALESSIO, MICHAEL
5103 9TH STREET
ZEPHYRHILLS FL 33541**

7. Name and Address of New Registered Agent

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

Michael D'Alessio

Signature, typed or printed name of registered agent and date of application.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	D'ALESSIO, MICHAEL	
STREET ADDRESS	5103 9TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	V	<input type="checkbox"/> Delete
NAME	D'ALESSIO, MICHAEL	
STREET ADDRESS	5103 9TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL T. D'ALESSIO
STREET ADDRESS	39406 Rockford Ave
CITY-ST-ZIP	Zephyrhills FL 33542
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael T. D'Alessio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08 (813) 780-6887

Date

Displaying From