

1 of 2

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000118087

CICCONE PROPERTIES INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 12 AM 8:12

Principal Place of Business

1745 SHERWOOD LAKES BLVD
LAKELAND, FL 33809 US

Mailing Address

1745 SHERWOOD LAKES BLVD
LAKELAND, FL 33809 US



04032007 No Chg-P CR2E034 (11/05)

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4. Filing Number

20-3362521

Approved For

Not Applicable

5. Certificate or Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES W ALLEN INC
1621F EDGEWOOD DRIVE
LAKELAND, FL 33803

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of certifying 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

Signature typed or printed name of registered agent and the filer or filer

Signature typed or printed name of registered agent and the filer or filer

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Company of handling
Trusts and Contracts ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME	P
NAME	CICCONE, MICHAEL
STREET ADDRESS	1745 SHERWOOD LAKES BLVD
CITY/ST/ZIP	LAKELAND, FL 33809
NAME	VP
NAME	SPRINGER, KIM R
STREET ADDRESS	1745 SHERWOOD LAKES BLVD
CITY/ST/ZIP	LAKELAND FL 33809
NAME	
STREET ADDRESS	
CITY/ST/ZIP	
NAME	
STREET ADDRESS	
CITY/ST/ZIP	
NAME	
STREET ADDRESS	
CITY/ST/ZIP	

100106500741
07/20/07--01034--019 **150.00

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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 of this report or supplemental report with a correct address with a correct date of filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

DATE

DATE PREPARED

Kim R Springer

7-9-07 (re-send)

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July 9, 2007

Document # P05000118087

To: Division of Corporations
P.O. Box 8800
Tallahassee, FL. 32314

Enclosed is our new check of \$150.00 for Ciccone Properties, Inc.

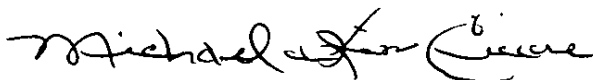
It seems that the 1st. check dated April 3, 2007 , # 2133 was lost in the mail.

I have since stopped payment on the 1st. check, which I have enclosed a carbon copy of the check which was mailed out to you on April 3, 2007.

Would you please waive the late fee, since this was not our mistake.

Thank you for your understanding.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael & Kim Ciccone". The signature is fluid and cursive, with the last name "Ciccone" being more prominent.

Michael & Kim Ciccone
Ciccone Properties Inc.

P.S. If you need to reach us for any reason, please feel free to contact us at (863) 859-2420.