◄ 2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000150449

1. Entity Name
CARL ANELLO SERVICES, INC.

Principal Place of Business	Mailing Address
13580 87TH STREET FELLSMERE, FL 32948 US	13580 87TH STREET FELLSMERE, FL 32948 US

DO NOT WRITE IN THIS SPACE

02132007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
34-2061721	Not Applicable

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

6. Name and Address of Current Registered Agent

ANELLO, CARL
13580 87TH STREET
FELLSMERE, FL 32948

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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 _____

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

TITLE	PVST
NAME	ANELLO, CARL
STREET ADDRESS	13580 87TH STREET
CITY-ST-ZIP	FELLSMERE, FL 32948

TITLE	D
NAME	ANELLO, CARL
STREET ADDRESS	13580 87TH STREET
CITY-ST-ZIP	FELLSMERE, FL 32948

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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05/29/07-80043-015 150.00

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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: *Carl Anello*   *Carl Anello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #