

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000155815

1. Entity Name
FRANK TORNELLO, INC.



Principal Place of Business
**591 SEAVIEW COURT
 UNIT 610A
 MARCO ISLAND, FL 34145**

Mailing Address
**591 SEAVIEW COURT
 UNIT 610A
 MARCO ISLAND, FL 34145**



07172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1942396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TORNELLO, FRANK
 591 SEAVIEW COURT
 UNIT 610A
 MARCO ISLAND, FL 34145**

**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

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
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORNELLO, FRANK 591 SEAVIEW CT., UNIT 610A MARCO ISLAND, FL 34145
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**DO NOT WRITE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank Tornello Pres. 08/28/07 239 642 4592