


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90129 046 \*\*\*150.00

<b>DOCUMENT # P05000156870</b>	
1. Entity Name <b>ITALIANO MANAGEMENT COMPANY</b>	

Principal Place of Business <b>5607 JOHNS RD SUITE 1001 TAMPA, FL 33634</b>	Mailing Address <b>5607 JOHNS RD SUITE 1001 TAMPA, FL 33634</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>20-3948562</b>	Applied For Not Applicable
Zip	Country	Zip	Country

03152007 Chg-P CR2E034 (12/06)

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



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

**BOGGS, DAVID M**  
**ONE TAMPA CITY CENTER, SUITE 2000**  
**201 NORTH FRANKLIN STREET**  
**TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name **ITALIANO, SR, ANTHONY S**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5607 JOHNS RD, STE 1001**  
 City **TAMPA** FL Zip Code **33634**

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 S. Italiano Sr.* **Anthony S. Italiano, Sr.** **3/16/07**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ITALIANO, SALVATORE A</b> <b>5607 JOHNS RD, STE 1001</b> <b>TAMPA, FL 33634</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ITALIANO, ANTHONY S SR</b> <b>5607 JOHNS RD, STE 1001</b> <b>TAMPA, FL 33634</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ITALIANO, SR, ANTHONY S</b> <b>5607 JOHNS RD, STE 1001</b> <b>TAMPA, FL 33634</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 S. Italiano Sr.* **Anthony S. Italiano, Sr.** **3/16/07** **813-254-3883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #