

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000019362

1. Entity Name
CIOTTI'S RENOVATIONS, INC.



FILED

07 OCT -5 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2609 ALOMA AVE
WINTER PARK, FL 32792

Mailing Address
2609 ALOMA AVE
WINTER PARK, FL 32792

2. Principal Place of Business - No P.O. Box #
2609 Aloma Ave
Suite, Apt. #, etc.

3. Mailing Address
2609 Aloma Ave
Suite, Apt. #, etc.



08242007 Chg-P CR2E034 (12/06)

4. FEI Number **FEI 27-0059372** Applied For
Not Applicable

City & State
Winter Park, Florida
Zip 32792 Country ORANGE

City & State
Winter Park, Florida
Zip 32792 Country ORANGE

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

6. Name and Address of Current Registered Agent

CIOTTI, ANTHONY
2609 ALOMA AVE
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name **NA**
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

(NOTE: Registered Agent's signature required when resigning.)

DATE

9/19/07

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 P, D ☐ Delete
NAME CIOTTI, ANTHONY
STREET ADDRESS 2609 ALOMA AVE
CITY- ST- ZIP WINTER PARK, FL 32792

TITLE ☐ Delete
NAME

TITLE ☐ Delete
NAME

TITLE ☐ Delete
NAME

TITLE ☐ Delete
NAME

TITLE ☐ Delete
NAME

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **200110954012**
STREET ADDRESS **10/18/07--01039--021 **150.00**
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME

TITLE ☐ Change ☐ Addition
NAME

TITLE ☐ Change ☐ Addition
NAME

TITLE ☐ Change ☐ Addition
NAME

TITLE ☐ Change ☐ Addition
NAME

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

9/19/07

Date

407-678-1094

Daytime Phone #