

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000042374

Entity Name: BOB SANSONE, INC.

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

8447 SEDONIA CIRCLE  
FT. MYERS, FL 33912

## **New Principal Place of Business:**

8447 SEDONIA CIRCLE  
FT. MYERS, FL 33967

## **Current Mailing Address:**

8447 SEDONIA CIRCLE  
FT. MYERS, FL 33912

## **New Mailing Address:**

FEI Number: 20-4552166      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SANSONE, BOB  
8447 SEDONIA CIRCLE  
FT. MYERS, FL 33912      US

## **Name and Address of New Registered Agent:**

SANSONE, BOB  
8447 SEDONIA CIRCLE  
FT. MYERS, FL 33967      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/16/2011

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: SANSONE, BOB  
Address: 8447 SEDONIA CIRCLE  
City-St-Zip: FT. MYERS, FL 33967

Title: VP  
Name: CIPRIANO-SANSONE, GLORIA  
Address: 8447 SEDONIA CIRCLE  
City-St-Zip: FT. MYERS, FL 33967

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOB SANSONE

PRES

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date