

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90029 002 ***150.00

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1. Entity Name
NICOLOSI ENTERPRISES, INC.



Principal Place of Business
5102 LADY ROSE COURT
LUTZ, FL 33558

Mailing Address
5102 LADY ROSE COURT
LUTZ, FL 33558

40110330



DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
83-0453947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NICOLOSI, FRANK
5102 LADY ROSE COURT
LUTZ, FL 33558

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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
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	D
NAME	NICOLOSI, FRANK
STREET ADDRESS	5102 LADY ROSE COURT
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	NICOLOSI, JUDITH A
STREET ADDRESS	5102 LADY ROSE COURT
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	OFFICER
NAME	FRANK NICOLOSI
STREET ADDRESS	5102 Lady Rose Ct
CITY-ST-ZIP	LUTZ FL 33558
TITLE	OFFICER
NAME	JUDITH A. NICOLOSI
STREET ADDRESS	5102 Lady Rose Ct
CITY-ST-ZIP	LUTZ FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 NICOLOSI 4/30/07 813 600 9847