

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2008 8:00 am**  
**Secretary of State**

09-12-2008 90001 003 \*\*\*150.00

**DOCUMENT # P06000130111**

1. Entity Name  
**PUCCIO RESTAURANTS INC**



Principal Place of Business  
**4265 TAMiami TRAIL  
PORT CHARLOTTE, FL 33980**

Mailing Address  
**4265 TAMiami TRAIL  
PORT CHARLOTTE, FL 33980**

**DO NOT WRITE IN THIS SPACE**



07252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-5708511**

Applied For  
Not Applicable

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

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

**PUCCIO, SIMONE  
23352 KIM AVE  
PORT CHARLOTTE, FL 33954**

**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 12, 2008**

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
NAME	PUCCIO, SIMONE
STREET ADDRESS	4265 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	ST
NAME	PUCCIO, CAMILLE
STREET ADDRESS	23352 KIM AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

*Simone Puccio* **SIMONE PUCCIO** 9/5/08 941-595-4544