

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P06246**

1. Entity Name  
**LAURA H. PETITO FOUNDATION INC.**



Principal Place of Business

**10458 SE BANYAN WAY  
TEQUESTA, FL 33469**

Mailing Address

**10458 SEBANYAN WAY  
TEQUESTA, FL 33469**

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number

**59-2536762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PETITO, DAVID W.  
10458 SE BANYAN WAY  
TEQUESTA, FL 33469**

**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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000181950  
01/19/05-80006-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PETITO, DAVID W.
STREET ADDRESS	10458 SE BANYAN WAY
CITY- ST- ZIP	TEQUESTA, FL
TITLE	D
NAME	PETITO, DR. FRANK A.
STREET ADDRESS	520 E. 70TH ST.
CITY- ST- ZIP	NEW YORK, NY
TITLE	D
NAME	PETITO, JOHN
STREET ADDRESS	GENERAL DELIVERY BOX 75
CITY- ST- ZIP	LUMBERVILLE, PA
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 exemption stated in Section 119.07(3)(i), 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 617, 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 #

1/12/05