

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90003 005 \*\*\*150.00

<b>DOCUMENT # P07000036099</b> 1. Entity Name <b>ARMSTRONG &amp; PILLITTERI, INC</b>					
Principal Place of Business <b>1347 SUNSET AVENUE LAKELAND, FL 33801</b>			Mailing Address <b>1347 SUNSET AVENUE LAKELAND, FL 33801</b>		
2. Principal Place of Business- No P.O. Box # <b>1401 Long St</b> Suite, Apt. #, etc. <b>Lakeland,</b> City & State <b>Lakeland,</b> Zip <b>33801</b>		3. Mailing Address <b>1401 Long St</b> Suite, Apt. #, etc. City & State <b>Lakeland FL</b> Zip <b>33801</b>			
06112008      Chg-P      CR2E034 (12/06)		4. FEI Number <b>45-0558324</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ARMSTRONG, RONALD L 1347 SUNSET AVENUE LAKELAND, FL 33801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <b>NA</b> (NOTE: Registered Agent signature required when reinstating)      DATE					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARMSTRONG, RONALD L</b> <b>1347 SUNSET AVENUE</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HUTTO, JOYCE A</b> <b>1347 SUNSET AVENUE</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PILLITTERI, BETTY D</b> <b>1736 LOWRY AVENUE</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>Joyce A. Hutto</b> <b>6/11/08</b> <b>863 665-1497 Bws</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					

**Joyce A Hutto**

Daytime Phone #