

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90007 004 ***150.00

DOCUMENT # P07000054859

1. Entity Name

BISCO SALES INC.



Principal Place of Business

**8960 VIA PRESTIGIO WEST
WELLINGTON FL 33411**

Mailing Address

**8960 VIA PRESTIGIO WEST
WELLINGTON FL 33411**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FFI Number

13-3167161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BISCOGLIO, PHIL
8960 VIA PRESTIGIO WEST
WELLINGTON FL 33411**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Phil Biscoglio

(NOTE: Registered Agent signature required when constituting)

1/28/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BISCOGLIO, PHIL**
STREET ADDRESS **8960 VIA PRESTIGIO WEST**
CITY - ST - ZIP **WELLINGTON FL 33411**

TITLE **VP** ☐ Delete
NAME **BISCOGLIO, CHRISTINE**
STREET ADDRESS **8960 VIA PRESTIGIO WEST**
CITY - ST - ZIP **WELLINGTON FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Phil Biscoglio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

Date

Daytime Phone #