

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P93000040254

1. Entity Name
ARTURO'S ITALIAN RESTAURANT OF MARCO, INC.



Principal Place of Business

844 BALD EAGLE DR.
MARCO ISLAND, FL 34145 US

Mailing Address

844 BALD EAGLE DRIVE
MARCO ISLAND, FL 33937 US



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0414846

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARNEY-PEREZ, JUDY
844 BALD EAGLE DR
MARCO ISLAND, FL 34145

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000844929

03/13/08-80018-010 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PEREZ, ARTURO
STREET ADDRESS 844 BALD EAGLE DR
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE T
NAME BARNEY-PEREZ, JUDY
STREET ADDRESS 844 BALD EAGLE DR
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE S
NAME PEREZ, ARTURO JR
STREET ADDRESS 844 BALD EAGLE DR.
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE V
NAME PEREZ, EDGAR
STREET ADDRESS 844 BALD EAGLE DR.
CITY-ST-ZIP MARCO ISLAND, FL 34145

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:

Arturo Perez

Arturo Perez

02/27/2008

239-642-4890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #