

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90348 023 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P93000069546			
1. Entity Name ITALIANO - STALLINGS INC.			
Principal Place of Business 1704 W KENNEDY BLVD TAMPA FL 33606 US		Mailing Address 1704 W KENNEDY BLVD TAMPA FL 33606 US	
2. Principal Place of Business 5607 Johns Rd.		3. Mailing Address 5607 Johns Rd.	
Suite, Apt. #, etc. Suite 1001		Suite, Apt. #, etc. Suite 1001	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33634	Country Hillsborough	Zip 33634	Country Hillsborough

4. FEI Number 59-3210550	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ITALIANO, ANTHONY S SR 1704 W KENNEDY BLVD TAMPA FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Anthony S. Italiano **ANTHONY S. ITALIANO SR., PRES.** **4/8/05**
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ITALIANO, ANTHONY S SR 1704 W KENNEDY BLVD TAMPA FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ITALIANO, ANTHONY S SR 5607 JOHNS RD., SUITE 1001 TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGLISH, MICHAEL P.O. BOX 3012 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGLISH, MICHAEL 2002 DEKLE AVE., UNIT "D" TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Anthony S. Italiano Jr. **DIRECTOR + PRES.** **4/8/05** **(813) 254-3883**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #