

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-08-2006 90184 036 ***100.00

03-27-2006 90247 019 ****50.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

DOCUMENT # P94000018026

1. Entity Name

ANTHONY J. PIEDIMONTE FARMING & MARKETING
CO., INC.Principal Place of Business
3011 MANATEE AVENUE
RUSKIN FL 33570
USMailing Address
3011 MANATEE AVENUE
RUSKIN FL 33570
US

2. Principal Place of Business

2. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0494215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

PIEDMONTE, ANTHONY J
3011 MANATEE AVENUE
RUSKIN FL 33570

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

Signature, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revoking)

DATE

FILE NOW! FEE \$8.75/50.00

After May 1, 2006 Fee Will Be \$50.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIEDMONTE, ANTHONY J 3011 MANATEE AVENUE RUSKIN FL 33570	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

2/22/06

Date