

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000030674

1. Entity Name
JOSEPH RAISSI & COMPANY, INC.



Principal Place of Business
**6500 CENTRAL AVENUE
SAINT PETERSBURG, FL 33707 US**

Mailing Address
**6500 CENTRAL AVE.
ST. PETERSBURG, FL 33707 US**



01042006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3236059

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAISSI, JOSEPH
6500 CENTRAL AVE
SAINT PETERSBURG, FL 33707**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**UN0000520304
05/05/06-80113-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
RAISSI, JOSEPH
7651 128TH STREET NORTH
SEMINOLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RAISSI, ALEXANDRIA C
7651 128TH STREET NORTH
SEMINOLE, FL 33776**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RAISSI, VICTORIE
7651 128TH STREET NORTH
SEMINOLE, FL 33776**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RAISSI, JULIETTE I
7651 128TH STREET NORTH
SEMINOLE, FL 33776**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH RAISSI

4/21/06 (727) 381-6500