

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000041783

1. Entity Name
AZZARELLI PLACE, INC.



Principal Place of Business
**9000 N 18TH ST
SUITE A
TAMPA, FL 33604 US**

Mailing Address
**9000 N 18TH ST
SUITE A
TAMPA, FL 33604 US**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4023310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AZZARELLI, THOMAS J
9000 N 18TH ST
SUITE A
TAMPA, FL 33604**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | PD |
| NAME | AZZARELLI, BART |
| STREET ADDRESS | 7810 RIVERSHORE |
| CITY-ST-ZIP | TAMPA, FL 33604 |
| TITLE | VD |
| NAME | AZZARELLI, SAM J |
| STREET ADDRESS | 161 BATH CLUB CIRCLE |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33708 |
| TITLE | TD |
| NAME | AZZARELLI, THOMAS J |
| STREET ADDRESS | 9000 N 18TH ST |
| CITY-ST-ZIP | TAMPA, FL 33604 |
| TITLE | SD |
| NAME | LOVELL, ANITA J |
| STREET ADDRESS | 17 OLD FARM NORTH CT |
| CITY-ST-ZIP | BRADLEY, IL 60915 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/17/07-80055-024 150.00

**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

1/10/07 813-935-9569
Date Daytime Phone #