

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 14, 2008 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**



01032008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000782301
01/15/08-80070-001 150.00**

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	

**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

1/10/08
Date

813-935-9529
Daytime Phone #