## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 17, 2008 08:00 A **DOCUMENT # P95000092157 Secretary of State** ROBERT M. MUSSONI, INC. Principal Place of Business Mailing Address **7816 KINROSS DRIVE 7816 KINROSS DRIVE** NEW PORT RICHEY, FL 34653 **NEW PORT RICHEY, FL 34653** 03022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3349548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUSSONI, ROBERT M DO NOT WRITE 7816 KINROSS DRIVE NEW PORT RICHEY, FL 34653 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 <u>U000000861755</u> 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees 04/03/08-80022-007 150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MUSSONI, ROBERT M NAME STREET ADDRESS 7321 TROUBLE CREEK RD- #1011 CRY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP IME STREET ADDRESS CITY-SI-7IP

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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 eath; 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:

Description of the corporation of 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.