2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90128 017 ***150.00

DOCUMENT # P96000024053

1. Entity Name
SCHIANO BROTHERS, INC.

Principal Place of Business	Mailing Address
3772 S. SUNCOAST BLVD. HOMOSASSA FL 34448	3772 S. SUNCOAST BLVD. HOMOSASSA FL 34448
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3374677 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RONALD J MOSCHELLO 11940 W TIMBERLANE DR. HOMOSASSA FL 34448	Name: Ronald J Moschello Street Address (P.O. Box Number is Not Acceptable): 4669 S. GAtor Lpe. City: HomosASSA FL Zip Code: 34448

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] 4-10-08
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
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, T MOSCHELLO, RONALD 11940 W TIMBERLANE DR. HOMOSASSA FL 34448 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition P, T moschello, Ronald 4669 S. GAtor Lpe. HomosASSA. FL 34448
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,S MOSCHELLO, CARA 11940 W TIMBERLANE DR. HOMOSASSA FL 34448 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition VP, S Moschello, CARA 4669 S. GAtor LPE HomosASSA FL 34448
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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: [signature] 4-10-08 352-628-7704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #