

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90005 031 \*\*\*150.00

**DOCUMENT # P96000040694**

1. Entity Name  
**SAL'S STEP BY STEP, INC.**



Principal Place of Business  
**5586 GALAMBOS ST.  
34286, FL 33470**

Mailing Address  
**5586 GALAMBOS ST.  
34286, FL 33470**

**40043094**



**DO NOT WRITE IN THIS SPACE**

03192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0668348**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TIRRO, SALVATORE SR  
5586 GALAMBOS ST.  
NORTH PORT, FL 34286**

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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	ST
NAME	TIRRO, LEEANNE
STREET ADDRESS	5586 GALAMBOS ST.
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	P
NAME	TIRRO, SALVATORE SR
STREET ADDRESS	5586 GALAMBOS ST.
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	V
NAME	TIRRO, SALVATORE J JR
STREET ADDRESS	4642 ARDALE ST. 5459 Bentgrass DR
CITY-ST-ZIP	SARASOTA, FL 34232 34253
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #