

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P96000066817

1. Entity Name  
STAIANO LIMOUSINE SERVICE, INC.



Principal Place of Business  
13940 ANONA HGHT DR.  
16  
LARGO, FL 33774

Mailing Address  
13940 ANONA HGHT DR.  
16  
LARGO, FL 33774

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3429810

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STAIANO, RALPH  
10407 IMPERIAL POINT DR WEST  
LARGO, FL 33774

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAIANO, RALPH 10407 IMPERIAL POINT DR WEST LARGO, FL 33774
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1100000175857  
01/10/05-80064-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Ralph Staiano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2005

Date

Daytime Phone #