

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000072168	
1. Entity Name STAY AND VISIT INC.	

Principal Place of Business 9135 MIDNIGHT PASS RD SARASOTA, FL 34242 US	Mailing Address 9135 MIDNIGHT PASS RD SARASOTA, FL 34242 US
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03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1380963	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OROFINO, GIORGIO 9135 MIDNIGHT PASS RD SARASOTA, FL 34242
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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, 2006 Fee will be \$550.00

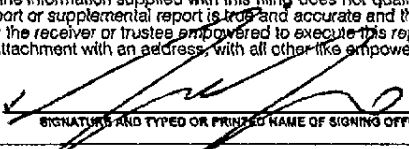
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000474231
04/04/06-00016-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OROFINO, GIORGIO 9135 MIDNIGHT PASS RD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OROFINO, LUCA VIA FRANCESCO CARACCILO 14 - 80122 NAPOLI, IT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OROFINO, FABIO VIA FRANCESCO CARACCILO 14 - 80122 NAPOLI, IT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

03/15/2006

941.300.7000
Daytime Phone