

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90127 001 ***600.00

DOCUMENT # P96000089912

1. Entity Name
FLORIDA ASSET MANAGEMENT GROUP, INC.



Principal Place of Business
11281-43RD ST NORTH
CLEARWATER, FL 34622

Mailing Address
11281-43RD ST NORTH
CLEARWATER, FL 34622

66001343



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0155625

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLBRITTEN, JAMES K
11281 43RD RD ST N.
CLEARWATER, FL 33762

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | P DISALVATORE, JOSEPH P 11281-43RD ST NORTH CLEARWATER, FL 34622 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MARCIANO, FRANKLIN A 11281-43RD STREET NORTH CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T FABRIZI, RICHARD J SR 870 PINELLAS BAYWAY TIERRA VERDE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ALLBRITTEN, JAMES K 11281 43RD ST. N. CLEARWATER, FL 33762 |
| 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

Date

Daytime Phone #

1/18/08

727-577-2469