2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000093494

1. Entity Name
MICHAEL A. GEMELLI, INC.

Principal Place of Business	Mailing Address
3142 THIRD AVE NORTH ST PETERSBURG, FL 33713	3142 THIRD AVE NORTH ST PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

01032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3413742	Not Applicable

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

6. Name and Address of Current Registered Agent

GEMELLI, MICHAEL A
3142 THIRD AVE NORTH
ST PETERSBURG, FL 33713

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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

I00000388916
01/20/06-80024-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GEMELLI, MICHAEL A
STREET ADDRESS	3142 THIRD AVE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33713

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   Michael A. Gemelli D   1/13/2006   727-327-5782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #