2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000093494 02-01-2008 90026 031 ***150.00 1. Entity Name MICHAEL A. GEMELLI, INC. Principal Place of Business Mailing Address VIIITPDAZ 3142 THIRD AVE NORTH 3142 THIRD AVE NORTH ST PETERSBURG, FL 33713 ST PETERSBURG, FL 33713 2. Principal Place of Business - No P.O. Box # 801 - 49 M STEET NORTH 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-P CR2E034 (12/06) City & State ST. PETERSBURG Applied For City & State 4. FEI Number 59-3413742 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEMELLI, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 3142 THIRD AVE NORTH ST PETERSBURG, FL 33713 801-49 M STREET NORTH 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE Change Addition TITLE Delete GEMELLI, MICHAEL A NAME NAME 801.49 STREET NORTH 3142 THIRD AVE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33713 CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33710 Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Celete TITLE THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 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 logal 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 attach e empowered

FILED

Feb 01, 2008 8:00 am

727-327-5782