

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000054499

**1. Entity Name
RAIMONDI & CO., INC.**



**Principal Place of Business
2008 SW DANFORTH CIR
PALM CITY, FL 34990 US**

**Mailing Address
2008 SW DANFORTH CIRCLE
PALM CITY, FL 34990 US**

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

**4. FEI Number
65-0762481**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**RAIMONDI, RAYMOND
2008 SW DANFORTH CIRCLE
PALM CITY, FL 34990**

**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

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 D
NAME RAIMONDI, RAYMOND
STREET ADDRESS 2008 SW DANFORTH CIRCLE
CITY-ST-ZIP PALM CITY, FL 34990**

**TITLE V
NAME RAIMONDI, ANITA
STREET ADDRESS 2008 SW DANFORTH CIRCLE
CITY-ST-ZIP PALM CITY, FL 34990**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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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 exemption stated in Section 119.07(3)(i), 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 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 #

RAYMOND RAIMONDI

4/28/05

712-219-8001