

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000056819

1. Entity Name
PETTINELLA FAMILY HOLDINGS, INC.



Principal Place of Business
**1136 ROUTE 9, SUITE U-1
WAPPINGERS FALLS, NY 12590**

Mailing Address
**1136 ROUTE 9, SUITE U-1
WAPPINGERS FALLS, NY 12590**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2336322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINI, GREGORY T
2655 LEJEUNE RD. STE. 1101
CORAL GABLES, FL FL**

**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

11/4/2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**DPTM
PETTINELLA, JOSEPH A
35 BURTS PATH
HOPEWELL JCT, NY 12533**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PETTINELLA, ALBERT SR
8 ALBERTANNA CT
HOPEWELL JUNCTION, NY 12533**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
PETTINELLA, ALBERT JR
16 BLUEBERRY DR
WINGDALE, NY 12594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MARTINELLI, NANCY
8 ALBERTANNA CT
HOPEWELL JUNCTION, NY 12533**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000654539
03/13/07-80067-006 150.00

**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

JAN 4 2007 *914-755-2245*

Date

Daytime Phone #