

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90209 044 ***150.00

DOCUMENT # P97000063783

1. Entity Name
GIULIO, INC.



Principal Place of Business
**4417 SW 18TH PL
CAPE CORAL, FL 33914**

Mailing Address
**4417 SW 18TH PL
CAPE CORAL, FL 33914**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0770149

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIULIANO, FRANK
4417 SW 18 PL
CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 **P** ☐ Delete
NAME **GIULIANO, FRANK**
STREET ADDRESS **4417 SW 18 PL**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **VP** ☐ Delete
NAME **GIULIANO, JOHN**
STREET ADDRESS **806 SE 46TH STREET, 2-E**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **T** ☒ Delete
NAME **MORGAN, DOUG**
STREET ADDRESS **1713 SW 43RD LANE**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **S** ☒ Delete
NAME **MURILLO, JOE**
STREET ADDRESS **4417 SW 18TH PLACE**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **JAN Giuliano**
CITY-ST-ZIP **806 SE 46TH ST
1719 SW 43 ST, Cape Coral, FL 33914**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Anthony Giuliano**
CITY-ST-ZIP **4417 SW 18 PL
Cape Coral, FL 33914**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Frank Giuliano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07

Date

Daytime Phone #