## 2008 FOR PROFIT CORPORATION

## Feb 20, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P98000024455 02-20-2008 90010 030 \*\*\*150.00 NICHOLAS SAPUTO & ASSOCIATES, INC. Principal Place of Business Mailing Address 2375 FREDERICK DRIVE 2375 FREDERICK DRIVE VENICE, FL 34292 VENICE, FL 34292 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State 65-0820649 Not Applicable Country Zio Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAPUTO, NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 2375 FREDERICK DRIVE VENICE, FL 34292 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition ☐ Change Delete TITLE TITLE SAPUTO, NICHOLAS NAME NAME STREET ADDRESS 2375 FREDERICK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 34292 Change ☐ Addition ☐ Delete TITLE TITLE MAYES, JOHN A NAME 2375 FREDERICK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP SAPUTO, ANT HONY JEG 2375 FREDERICK DRIVE ☐ Addition Delete TITLE ISAPVTO, ANTHONY NAME NAME . STREET ADDRESS STREET ADDRESS 2375 FREDERICK DRIVE CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP ☐ Change ☐ Addition THLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

IIILE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: RINTED NAME OF S

Change

☐ Addition

FILED