

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2006 8:00 am
Secretary of State

01-30-2006 90053 036 ***150.00

DOCUMENT # P99000005625

1. Entity Name
JOE CAROLLO, INC.



Principal Place of Business
**909 OAKWOOD DR.
LARGO, FL 33770**

Mailing Address
**909 OAKWOOD DR.
LARGO, FL 33770**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3553240

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAROLLO, JOE
909 OAKWOOD DR.
LARGO, FL 33770**

**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 reappointing)

DATE

**FILE NOW! FEE IS \$150.00
After May 5, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CAROLLO, JOE - PRESIDENT
STREET ADDRESS	909 OAKWOOD DR.
CITY - ST - ZIP	LARGO, FL 33770
TITLE	GREG CAROLLO - SECRETARY / TREASURER
NAME	
STREET ADDRESS	909 OAKWOOD DRIVE
CITY - ST - ZIP	LARGO, FL 33770
TITLE	VICE PRESIDENT
NAME	JOHN CAROLLO
STREET ADDRESS	2003 DEL ESTIMAR RD
CITY - ST - ZIP	WINTERHURST, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

Joe Carollo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06
Date

727-528-3839
Daytime Phone

ATTACHMENT



66002114

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2006

JOE CAROLLO, INC.
909 OAKWOOD DR.
LARGO, FL 33770

Subject: **JOE CAROLLO, INC.**

Reference Number: **P99000005625**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION