

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90111 033 \*\*\*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**



01162007 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**

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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, 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
NAME	CAROLLO, JOE
STREET ADDRESS	909 OAKWOOD DR.
CITY-ST-ZIP	LARGO, FL 33770
TITLE	ST
NAME	CAROLLO, GREG
STREET ADDRESS	909 OAKWOOD DR
CITY-ST-ZIP	LARGO, FL 33770
TITLE	VP
NAME	CAROLLO, JOHN
STREET ADDRESS	2003 DEL BETMAR RD
CITY-ST-ZIP	CLEARWATER, FL 33763

**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 persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**1/16/07**

**727-528-3959**