

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P99000011880

1. Entity Name
JOANNE LAUDICINA, INC.



Principal Place of Business
**71 GOLFVIEW ROAD
ROTONDA, FL 33947**

Mailing Address
**71 GOLFVIEW ROAD
ROTONDA, FL 33947**



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0901880

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAUDICINA, JOANNE
71 GOLFVIEW ROAD
ROTONDA, FL 33947**

**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 renestating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**P
LAUDICINA, JOANNE
71 GOLFVIEW RD
ROTONDA WEST, FL 33947**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JACKSON, CATHRENE L
98 HAWTHORNE ST
BIRMINGHAM, AL 35242**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LAUDICINA-KAHL, ALLISON
1626 CARROLL ST
SAINT LOUIS, MO 63104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000904962
05/01/08-80032-019 150.00

**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:

Joanne K. Laudicina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNE K. LAUDICINA
Date **4/15/08** Daytime Phone # **941 830-8259**