


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

*Chatt 1/10/07* 08:00 AM  
Secretary of State

DOCUMENT # P99000057534  
1. Entity Name  
ED PALLADINI'S REAL ESTATE COMPANY, INC.



Principal Place of Business  
2414 N. RIVERSIDE DR.  
TAMPA, FL 33602

Mailing Address  
2414 N. RIVERSIDE DR.  
TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3588821

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
PALLADINI, EDWARD M  
2414 N. RIVERSIDE DR.  
TAMPA, FL 33602

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD PALLADINI, ED 2414 N. RIVERSIDE DR. TAMPA, FL 33602
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01/18/07-80020-022 150.00

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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: *Ed Palladini* 1/10/07 813-933-6383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #