

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90024 024 ***150.00

DOCUMENT # P99000070496

1. Entity Name

GRAVANTI ENTERPRISES, INC.



Principal Place of Business

21202 OLEAN BLVD A-5
PORT CHARLOTTE FL 33952

Mailing Address

22192 ONEIDA AVENUE
PORT CHARLOTTE FL 33952



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

22168 LANCASTER Ave.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

Port Charlotte, FL

4. FEI Number

65-0935646

Applied For

Not Applicable

Zip

Country

Zip

Country

33952

Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAVAGNA, THOMAS A
22192 ONEIDA AVENUE
PORT CHARLOTTE FL 33952

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

22168 LANCASTER AVENUE

City

PORT CHARLOTTE

FL

Zip Code

33952

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GRAVAGNA, THOMAS A
STREET ADDRESS 22192 ONEIDA AVENUE
CITY- ST- ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME GRAVAGNA, RITA
STREET ADDRESS 22192 ONEIDA AVENUE
CITY- ST- ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deletion Phone #

THOMAS A. GRAVAGNA PRES 5-1-07 941-624-5962

ATTACHMENT

40116277
#P99000070496

PLEASE NOTE:

I RECEIVED APPLICATION
ON MAY 1ST - COULD NOT
SEND BECAUSE DID NOT
HAVE. THANK YOU

Elizabeth Jackson
"LOVE'S HAVEN" - "