


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000086917</b> 1. Entity Name <b>GENE ANTINI ENTERPRISES, INC.</b>	
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Principal Place of Business <b>1980 WHISPERING PINES PT ENGLEWOOD, FL 34223</b>	Mailing Address <b>1980 WHISPERING PINES PT ENGLEWOOD, FL 34223</b>
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**DO NOT WRITE IN THIS SPACE**



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0951203</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ANTINI, EUGENE JR  
1980 WHISPERING PINES PT  
ENGLEWOOD, FL 34223**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000908263</b> <b>05/06/08-80022-011 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVP ANTINI, EUGENE JR. 1980 WHISPERING PINES PT ENGLEWOOD, FL 34223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ANTINI, KATHRYN L 1980 WHISPERING PINES PT ENGLEWOOD, FL 34223</b>
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**DO NOT WRITE  
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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: Kathryn Antini Secretary 4/15/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #