

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90029 046 ***158.75

DOCUMENT # S63629

1. Entity Name

DEL SIGNORE APIARIES, INC.



Principal Place of Business
22800SW 177 AVENUE
GOULDS FL 33170
US

Mailing Address
P.O. BOX 924487
PRINCETON FL 33092
US

20007040



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0273431

Applied For
Not Applicable

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

DEL SIGNORE LEE A
22800 S.W. 177TH AVE.
GOULDS FL 33170

Name

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

City

FL

Zip Code

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 P ☐ Delete
NAME DELSIGNORE, LEE A
STREET ADDRESS 22800 SW 177 AVE
CITY - ST - ZIP GOULDS FL 33170

TITLE ☒ Change ☐ Addition
NAME DEL SIGNORE, LEE A.
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME TREASURER & VP
STREET ADDRESS DEL SIGNORE MARI L.
CITY - ST - ZIP 22800 SW 177 AVE
GOULDS FL 33170

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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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:

Lee A. Del Signore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-07 305-505-0798

Day

Daytime Phone #