## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT # S94687  1. Entity Name GIANNINI HOLDING COMPANY, INC.			Secretary of Sta	
Principal Plac 985 W STATI SAINT AUGUS	E ROAD 206 9	ailing Address 85 W. SR 206 T. AUGUSTINE, FL 32086	US	t senten (se cent albu biter sett (sen albi bier elekt eta)) biet erendet it sent
D	O NOT WRITE IN		Œ	04212005 No Chg-P CR2E034 (10/03)  4. FEI Number
GIANNINI, LEOPOLDO 35 SANDPIPER BLVD SUITE 390 ST AUGUSTINE, FL 32084				DO NOT WRITE IN THIS SPACE
the obligat	named entity submits this statement for the pions of registered agent.  Signature, typed or printed name of registered agent and title  E NOWILL FEE IS \$150.00	gay (N. N. M. M. S.	d Agent algoalure required	5.00 May Be
After Ma	ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIREC	Trust Fund Contribution.	□ Add	dded to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANNINI, LEOPOLDO SR 206 & INTERSTATE 95 ST, AUGUSTINE, FL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS CXTY-ST-ZIP				000000328961 04/25/05-80097-020 150.00
TITLE MAME STREET ADDRESS CITY-ST-ZIP	7000			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		W		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplie pental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver fir 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.				