



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # S97313 1. Entity Name LONETTI INC.	
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Principal Place of Business 100 CARRIGAN AVE OVIEDO, FL 32765	Mailing Address 100 CARRIGAN AVE OVIEDO, FL 32765
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**DO NOT WRITE IN THIS SPACE**



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3096463	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**

LONETTI, LUIGI  
100 CARRIGAN AVENUE  
OVIEDO, FL 32765

**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 \_\_\_\_\_

**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 LONETTI, LUIGI 100 CARRIGAN AVE OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONETTI, SUSAN 100 CARRIGAN AVE OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONETTI, FORTUNATO 100 CARRIGAN AVE OVIEDO, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000727533  
05/04/07-80052-004 150.00

**DO NOT WRITE IN THIS SPACE**

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:  4-10-07 407-3654774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #