

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # V06408

1. Entity Name
ITAL-CAN-AM CORP. OF PINELLAS COUNTY, INC.



Principal Place of Business
4625 E. BAY DR.
STE. 310
CLEARWATER, FL 33764 US

Mailing Address
P O BOX 1488
LARGO, FL 33779 US



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3102082

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RALEY, DOUGLAS
4625 E. BAY DR., STE. 310
CLEARWATER, FL 33764

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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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BACCILIERI, ANTOINETTA
STREET ADDRESS	#11 BROWNLEE DRIVE RR1
CITY-ST-ZIP	BRADFORD, ON, CANADA, I3z 2a4
TITLE	VP
NAME	FORTINI, STELLA
STREET ADDRESS	#18 BROWNLEE DRIVE RR1
CITY-ST-ZIP	BRADFORD, ON, CANADA, I3z 2a4
TITLE	S
NAME	LEBLANC, WANDA
STREET ADDRESS	#13 BROWNLEE DRIVE RR1
CITY-ST-ZIP	BRADFORD, ON, CANADA, I3z 2a4
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/08-80021-001 150.00

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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:

Stella Fortini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #