


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V11975**

1. Entity Name  
 VIA APPIA, INC.



Principal Place of Business      Mailing Address

385 COMMERCE WAY      385 COMMERCE WAY  
 LONGWOOD, FL 32750 US      LONGWOOD, FL 32750 US

**DO NOT WRITE IN THIS SPACE**



01062006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3110655      Not Applicable

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

6. Name and Address of Current Registered Agent

DULIN, RAMSEY W  
 201 E. PINE STREET  
 SUITE 425  
 ORLANDO, FL 32801

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable      (NOTE: Registered Agent's signature required when retaking)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	SCHIANO, BIAGIO
STREET ADDRESS	872 CRESTON DR
CITY ST ZIP	MAITLAND, FL 32751
TITLE	PVPD
NAME	SCHIAN, BIAGIO
STREET ADDRESS	8143 MORITZ COURT
CITY ST ZIP	ORLANDO, FL 32825
TITLE	T
NAME	ROE, CELINA P
STREET ADDRESS	1202 BENT OAK TRAIL
CITY ST ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	S
NAME	MILLIARD, JOHN
STREET ADDRESS	1467 CREEKSIDE CIRCLE
CITY ST ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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U00000392008  
 01/24/06-80065-007 150.00

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 officer like empowered.

**SIGNATURE:** \_\_\_\_\_      Date \_\_\_\_\_      Day/Time Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR