

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # V11975**

**1. Entity Name**  
**VIA APPIA, INC.**



**Principal Place of Business**  
**385 COMMERCE WAY**  
**LONGWOOD, FL 32750 US**

**Mailing Address**  
**385 COMMERCE WAY**  
**LONGWOOD, FL 32750 US**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3110655**

**Applied For**  
**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**

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**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**



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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>SCHIANO, BIAGIO</b>
<b>STREET ADDRESS</b>	<b>872 CRESTON DR</b>
<b>CITY - ST - ZIP</b>	<b>MAITLAND, FL 32751</b>
<b>TITLE</b>	<b>PVPD</b>
<b>NAME</b>	<b>SCHIAN, BIAGIO</b>
<b>STREET ADDRESS</b>	<b>8143 MORITZ COURT</b>
<b>CITY - ST - ZIP</b>	<b>ORLANDO, FL 32825</b>
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>ROE, CELINA P</b>
<b>STREET ADDRESS</b>	<b>1202 BENT OAK TRAIL</b>
<b>CITY - ST - ZIP</b>	<b>ALTAMONTE SPRINGS, FL 32714</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>MILLIARD, JOHN</b>
<b>STREET ADDRESS</b>	<b>1487 CREEKSIDE CIRCLE</b>
<b>CITY - ST - ZIP</b>	<b>WINTER SPRINGS, FL 32708</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

U00000592813  
01/22/07-80006-020 158.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Biagio Schiano 1/8/07**

Date

**4078305338**

Daytime Phone #