

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F40953

**Entity Name:** LUCARELLI PLASTERING, INC.

**Current Principal Place of Business:**

5640 TAYLOR RD  
E-5  
NAPLES, FL 34109

**Current Mailing Address:**

5640 TAYLOR RD  
E-5  
NAPLES, FL 34109

**FEI Number:** 59-2110337

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUCARELLI, ANGELO PRES.  
5640 TAYLOR RD  
E-5  
NAPLES, FL 34109 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSD  
Name LUCARELLI, ANGELO  
Address 400 EUCLID AVE  
City-State-Zip: NAPLES FL 34110

Title VTD  
Name LUCARELLI, GIACOMO SR  
Address 2207 NOBLE COURT  
City-State-Zip: NAPLES FL 34110

Title SD  
Name LUCARELLI, CESARE  
Address 614 CORBEL DRIVE  
City-State-Zip: NAPLES FL 34110

Title TD  
Name LUCARELLI, DOMINICK  
Address 1325 MARIPOSA CIR. APT. 103  
City-State-Zip: NAPLES FL 34105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CESARE LUCARELLI

**SECRETARY**

**01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date