Electronic Signature of Signing Officer/Director Detail

### 2014 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

### 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

Officer/Director Detail :	
---------------------------	--

Title	PSD	Title	VTD
Name	LUCARELLI, ANGELO	Name	LUCARELLI, GIACOMO SR
Address	400 EUCLID AVE	Address	2207 NOBLE COURT
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110
	22	Title	TD
Title	SD	Title	TD
Title Name	SD LUCARELLI, CESARE	Title Name	TD LUCARELLI, DOMINICK
	-		

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.

SECRETARY

# SIGNATURE: CESARE LUCARELLI

## FILED Jan 20, 2014 Secretary of State CC4513978393

Certificate of Status Desired: No

01/20/2014

Date

Date