

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000013800

**Entity Name:** CICCARELLO & SON, INC.**Current Principal Place of Business:**7117 NORTH ARMENIA AVENUE  
TAMPA, FL 33604**Current Mailing Address:**7117 NORTH ARMENIA AVENUE  
TAMPA, FL 33604**FEI Number:** 59-3492581**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CICCARELLO, LAURENT SV. PRES  
7117 N. ARMENIA AVE.  
TAMPA, FL 33604 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	VP
Name	CICCARELLO, LAURENT S
Address	7117 NORTH ARMENIA AVENUE
City-State-Zip:	TAMPA FL 33604

Title	PRES
Name	CICCARELLO, JUDY V
Address	7117 NORTH ARMENIA AVENUE
City-State-Zip:	TAMPA FL 33604

Title	D
Name	CICCARELLO, LAURENT N
Address	7117 NORTH ARMENIA AVENUE
City-State-Zip:	TAMPA FL 33604

Title	D
Name	DOLITSKY, CARISSA N
Address	7117 N ARMENIA AVE
City-State-Zip:	TAMPA FL 33604

*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:** JUDY CICCARELLO**PRESIDENT****02/23/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date