2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 08:00 AM Secretary of State

| ANNOAL KLI OKI | | | | | |
|--|---|--|----------------------------------|--------------------------|---|
| DOCUMENT # 450760 1. Entity Name GELLA-SONS, INC. | | | | Secretary of State | |
| 503 SEMINO | pe of Business DLE AVE. PARK, FL 34731-4047 | Mailing Address 503 SEMINOLE AVE. FRUITLAND PARK, FL 34731 | -4047 | | TO \$ \$\$\$\$\ TO \$ \$\$\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | A DATE OF A RELEASE OF A DESCRIPTION OF | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 01272005 | |
| | , | | • | 59-153 | CQ 75 Additional |
| | C Name of Compart D | Manager A. A. a. a. b. | | 5. Certificate | e of Status Desired Fee Required |
| 6. Name and Address of Current Registered Agent | | | | | |
| GELLA, JOHN 503 SEMINOLE AVE FRUITLAND PARK, FL 32731 | | | | | NOT WRITE 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 reinstalling) DATE | | | | | |
| | | | | .00 May Be ed to Fees | |
| 10. | OFFICERS AND D | RECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GELLA, JOHN J 503 SEMINOLE AVE. FRUITLAND PARK, FL | - | | | 000000210003 02/02/05-80061-023 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GELLA, JOHN 503 SEMINOLE AVE. FRUTILAND PARK, FL | | * ** within his in * of early in | · vana v Arriva | |
| TITLE NAME SIBEET ADDRESS CITY-ST-ZIP | V GELLA, WALTER B 503 SEMINOLE AVE. FRUITLAND PARK, FL | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | - | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | F | , | |
| TIT) F | 1 | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flustee 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 pitter like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-06

362/326-9080

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