


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90054 035 \*\*\*150.00

**DOCUMENT # H75336**  
 1. Entity Name  
**ALBERT M. ESPOSITO & ASSOCIATES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>326 MOODY BLVD.<br>P.O. BOX 1836<br>FLAGLER BCH, FL 32136-8836 | Mailing Address<br>326 MOODY BLVD.<br>P.O. BOX 1836<br>FLAGLER BCH, FL 32136-8836 |
|---|---|

**66003408**



01102005 No Chg-P CR2E034 (10/03)

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|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-2578604</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ESPOSITO, ALBERT M.**  
**326 MOODY BLVD.**  
**P.O. BOX 1836**  
**FLAGLER BCH, FL 32136**

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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, the registered agent.

SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | .PD<br>ESPOSITO, ALBERT M.<br>200 LAMBERT AVE, SUITE 4<br>FLAGLER BCH, FL 32136 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTSD<br>WHITE, NANCY C<br>301 CEDAR LN, P.O. BOX 766<br>FLAGLER BCH, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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 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  **Albert M. Esposito** 3/1/05 3864395783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #