

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63593

Entity Name: G. THOMAS CATALUCCI, INC.

FILED
Feb 10, 2005
Secretary of State

Current Principal Place of Business:

2009 N. VICTORIA PARK ROAD
FT. LAUDERDALE, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

1355 WEST PALMETTO PARK RD
SUITE 184
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 59-2791524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATALUCCI, G. THOMAS
2009 N. VICTORIA PARK ROAD
FT. LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CATALUCCI, G. THOMAS
Address: 2009 N. VICTORIA PARK ROAD
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: T () Delete
Name: CATALUCCI, G. THOMAS
Address: 2009 N. VICTORIA PARK ROAD
City-St-Zip: FT. LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: G. THOMAS CATALUCCI

DPS

02/10/2005

Electronic Signature of Signing Officer or Director

_____ Date