

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089729

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** COLELLA & ASSOCIATES, INC.

**Current Principal Place of Business:**

805 SMOKERISE BLVD  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

805 SMOKERISE BOULEVARD  
PORT ORANGE, FL 32127

**New Mailing Address:**

805 SMOKERISE BLVD  
PORT ORANGE, FL 32127 US

**FEI Number:** 59-3345806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JAMES C. COLELLA  
805 SMOKERISE BLVD.  
PORT ORANGE, FL 32127 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: COLELLA, JAMES C  
Address: 805 SMOKERISE BOULEVARD  
City-St-Zip: PORT ORANGE, FL 32127

Title: VSD  
Name: COLELLA, BEVERLY J  
Address: 805 SMOKERISE BOULEVARD  
City-St-Zip: PORT ORANGE, FL 32127

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: JAMES C, COLELLA

PTD

02/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date