

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000089729

1. Entity Name
COLELLA & ASSOCIATES, INC.



Principal Place of Business
**805 SMOKERISE BLVD
PORT ORANGE, FL 32127 US**

Mailing Address
**805 SMOKERISE BOULEVARD
PORT ORANGE, FL 32127**



04102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3345806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN 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

**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

**U000000337541
04/27/05-80172-006 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COLELLA, JAMES C 805 SMOKERISE BOULEVARD PORT ORANGE, FL 32127
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COLELLA, BEVERLY J 805 SMOKERISE BOULEVARD PORT ORANGE, FL 32127
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #