

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90009 035 ***150.00

DOCUMENT # 422567	
1. Entity Name CINA ENTERPRISES, INC.	



Principal Place of Business 10197 SW 65TH TERR. OCALA FL 34476-9966	Mailing Address 10197 SW 65TH TERR. OCALA FL 34476-9366
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40015157



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 11201 SW 50TH AV	3. Mailing Address 11201 SW 50TH AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA, FL	City & State OCALA, FL
Zip 34476-4400	Country MARION

4. FEI Number 59-1445470	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CINA, VINCENT A 10197 S.W. 65TH TERR OCALA FL 34476	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11201 SW 50TH AV City OCALA FL 34476-4400	

**ADDRESS CHANGE
ONLY !!!**

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 <i>Vincent A. Cina</i>	DATE 2-3-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CINA, VINCENT A. 10197 S.W. 65TH TERR OCALA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11201 SW 50TH AV.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CINA, KATHRYN M. 10197 S.W. 65TH TERR OCALA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11201 SW 50TH AV
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: *Vincent A. Cina* **VINCENT A. CINA, PRES.** **2-3-05** **352-873-2980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #