


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90018 012 ***150.00

DOCUMENT # F03000002318
 1. Entity Name
HOLE-N-ONE SPORTS CATERING, INC.



Principal Place of Business: **1034 NO. SONORA CR. ORANGE CA 92869**
 Mailing Address: **1034 NO. SONORA CR. ORANGE CA 92869**

54022389



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

4. FEI Number: **33-0471880**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
MASTROIANNI, AMO
3713 S.E. 3RD PL
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MASTROIANNI, JOHN A	
STREET ADDRESS	4861 SAN JACINTO CR. EAST	
CITY-ST-ZIP	FALLBROOK CA 92028	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASTROIANNI, DEBRA C	
STREET ADDRESS	4861 SAN JACINTO CR. EAST	
CITY-ST-ZIP	FALLBROOK CA 92028	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASTROIANNI, THERESA	
STREET ADDRESS	1034 NO. SONORA CR.	
CITY-ST-ZIP	ORANGE CA 92869	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MASTROIANNI, MICHAEL	
STREET ADDRESS	1034 NO. SONORA CR.	
CITY-ST-ZIP	ORANGE CA 92869	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **3/15/04** **714 288 8900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #