


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 08:00 AM
Secretary of State

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



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



07132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
33-0471880 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

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: *Amo Mastroianni* DATE: 7-15-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASTROIANNI, JOHN A
STREET ADDRESS	4861 SAN JACINTO CR. EAST
CITY-ST-ZIP	FALLBROOK, CA 92028
TITLE	V
NAME	MASTROIANNI, DEBRA C
STREET ADDRESS	4861 SAN JACINTO CR. EAST
CITY-ST-ZIP	FALLBROOK, CA 92028
TITLE	V
NAME	MASTROIANNI, THERESA
STREET ADDRESS	1034 NO. SONORA CR.
CITY-ST-ZIP	ORANGE, CA 92869
TITLE	ST
NAME	MASTROIANNI, MICHAEL
STREET ADDRESS	1034 NO. SONORA CR.
CITY-ST-ZIP	ORANGE, CA 92869
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/08/05-80005-022 150.00

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 another like empowered.

SIGNATURE: *Mike Mastroianni* DATE: 7-15-05 DAYTIME PHONE #: 714/917-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #