

**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  
**1034 NO. SONORA CR.  
ORANGE, CA 92869**

Mailing Address  
**1034 NO. SONORA CR.  
ORANGE, CA 92869**



07132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**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*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-15-05  
DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mike Mastroianni* 7-15-05 714/917-3550  
Date Daytime Phone #