

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number <b>33-0471880</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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-STATE-ZIP	FALLBROOK CA 92028
TITLE	V <input type="checkbox"/> Delete
NAME	MASTROIANNI, DEBRA C
STREET ADDRESS	4861 SAN JACINTO CR. EAST
CITY-STATE-ZIP	FALLBROOK CA 92028
TITLE	V <input type="checkbox"/> Delete
NAME	MASTROIANNI, THERESA
STREET ADDRESS	1034 NO. SONORA CR.
CITY-STATE-ZIP	ORANGE CA 92869
TITLE	ST <input type="checkbox"/> Delete
NAME	MASTROIANNI, MICHAEL
STREET ADDRESS	1034 NO. SONORA CR.
CITY-STATE-ZIP	ORANGE CA 92869
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Michael Mastroianni 2-10-07 714/917-3550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying Phone