

# 2004 FLORIDA CORPORATION ANNUAL REPORT

DOCUMENT # F32453

1. Entity Name  
CAMELOT, INC.



Principal Place of Business  
% BENNY VALLETTA  
4541 N.E. 5TH AVENUE  
POMPANO BCH., FL 33064

Mailing Address  
5150 NW 17TH ST  
MARGATE, FL 33063

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2096894

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

VALLETTA, BENNY  
4541 N.E. 5TH AVENUE  
POMPANO BCH., FL 33064

**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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

UN00000316614  
04/19/05-80082-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
VALLETTA, JOHN  
3007 LAKESHORE DR.  
DEERFIELD BCH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
VALLETTA, DAVID  
2876 SW 144 CT  
DEERFIELD, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 954-969-774

Date

Telephone Number