

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F55632

**FILED
Apr 15, 2005
Secretary of State**

Entity Name: PETER OCELLO'S SERVICENTER, INC.

Current Principal Place of Business:

8151 N. PINE ISLAND RD.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8151 N. PINE ISLAND RD.
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-2140929 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OCELLO, SR, PETER F
8351 N. PINE ISLAND ROAD
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OCELLO, PETER SR.
Address: 118 SW 100 TERR
City-St-Zip: CORAL SPRINGS, FL

Title: ST () Delete
Name: OCELLO, BARBARA,
Address: 118 SW 100 TERR
City-St-Zip: CORAL SPRINGS, FL

Title: VP () Delete
Name: OCELLO, PETER, JR.,
Address: 118 SW 100 TERR
City-St-Zip: CORAL SPRINGS, FL

Title: VP () Delete
Name: OCELLO, ROBERT
Address: 5729 N.W. 47TH COURT
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT OSCELO

VP

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date