


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000004021 1. Entity Name V. PAULIUS AND ASSOCIATES CORPORATION	
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Principal Place of Business 54 WEST ALLENDALE AVE. ALLENDALE, NJ 07401	Mailing Address 54 WEST ALLENDALE AVE. ALLENDALE, NJ 07401
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1854335	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**VAGELL, CHARLES J
1506 OCEAN WAY
JUPITER, FL 33477**

**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, 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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	LAUCIUS, HENRY
STREET ADDRESS	7 BOULDER RUN ROAD
CITY-ST-ZIP	PATERSON, NJ 07501
TITLE	VP
NAME	PAULIUS, ROBERT
STREET ADDRESS	684 W CRESCENT AVENUE
CITY-ST-ZIP	ALLENDALE, NJ 07401
TITLE	D
NAME	PAULIUS, RAYMOND
STREET ADDRESS	32 IVERS RD.
CITY-ST-ZIP	ALLENDALE, NJ 07401
TITLE	D
NAME	PERAZZO, CHRISTINE
STREET ADDRESS	1816 BALDWIN FARMS DR.
CITY-ST-ZIP	MARIETTA, GA 30068
TITLE	P
NAME	VAGELL, CHARLES J
STREET ADDRESS	1506 OCEAN WAY
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	EVP
NAME	KRAMER, LAWRENCE F
STREET ADDRESS	12 AMETHYST LN
CITY-ST-ZIP	PATERSON, NJ 07501

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04/05/05-80012-007 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/05 201 825 7050