


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90180 019 ***150.00

DOCUMENT # F98000003297

1. Entity Name
710 ENTERPRISES, INC.



Principal Place of Business Mailing Address

**710 TOWNSHIP LINE ROAD
 ELKINS PARK, PA 19027 US** **710 TOWNSHIP LINE ROAD
 ELKINS PARK, PA 19027 US**


2. Principal Place of Business 3. Mailing Address

SAME AS ABOVE *SAME AS ABOVE*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**BLANTON, EDWIN F-ESQ.
 825 THOMASVILLE ROAD
 TALLAHASSEE, FL 32303**

4. FEI Number
23-2991847 Applied For
 Not Applicable

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

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	MATTIA, ANGELO J	
STREET ADDRESS	710 TOWNSHIP LINE ROAD	
CITY-ST-ZIP	ELKINS PARK, PA 19027	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATTIA, PASQUALE	
STREET ADDRESS	710 TOWNSHIP LINE ROAD	
CITY-ST-ZIP	ELKINS PARK, PA 19087	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTIA, FRANCIS G	
STREET ADDRESS	710 TOWNSHIP LINE ROAD	
CITY-ST-ZIP	ELKINS PARK, PA 19087	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTIA, ARTHUR J	
STREET ADDRESS	710 TOWNSHIP LINE ROAD	
CITY-ST-ZIP	ELKINS PARK, PA 19087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE: *Arthur J Mattia* **3/31/05 (215) 884-4222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #