

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90095 040 ***150.00

DOCUMENT # G14521

1. Entity Name

THOMAS P. DILORETO, MSW, INC.



Principal Place of Business

1409 KINGSLEY AVE. C-9
POB 1557
ORANGE PARK FL 32067-1557

Mailing Address

1409 KINGSLEY AVE. C-9
POB 1557
ORANGE PARK FL 32067-1557



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2248460**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILORETO, THOAMS P
1409 KINGSLEY AVENUE #9C
ORANGE PK FL 32073

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

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
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 PD ☐ Delete
NAME DILORETO, THOMAS P
STREET ADDRESS 1409 KINGSLEY AVE., 9-C
CITY-STATE-ZIP ORANGE PK, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 empowered.

SIGNATURE:

Thomas P. DiLoreto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.18.05 904.264.3014

Date

Daytime Phone #

ATTACHMENT

Dr. Thomas P. DiLoreto Ph.D.
Counseling Service of Orange Park
Psychotherapy and Consultation Service
(904) 264-3014 (904) 269-0842 (Fax)

50057188
614521

7.18.05

Dear ladies & Gentlemen :

Please find removal amount of ^{\$}150.

I have not received any earlier requests for payment. The form enclosed was requested by me several weeks ago.

This same business occurred in 2001 or '02 without any prior notice. Thankyou,

Sincerely,

Thomas DiLoreto