
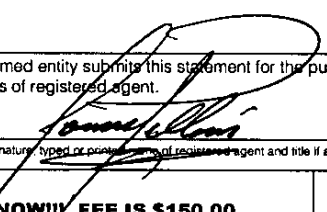
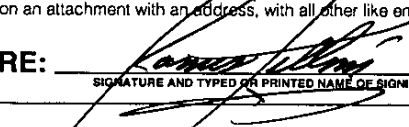


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90066 039 ***150.00

| | | | |
|---|---|---|--|
| DOCUMENT # G73607 1. Entity Name PELLONI CAPITAL CORPORATION | |  | |
| Principal Place of Business 725 PRIMERA BLVD SUITE 130 LAKE MARY, FL 32746 US | | Mailing Address 725 PRIMERA BLVD SUITE 130 LAKE MARY, FL 32746 US | |
| 2. Principal Place of Business 1515 INTERNATIONAL PKWY | | 3. Mailing Address 1515 INTERNATIONAL PKWY. | |
| Suite, Apt. #, etc. SUITE 3001 | | Suite, Apt. #, etc. SUITE 3001 | |
| City & State LAKE MARY, FL | | City & State LAKE MARY, FL | |
| Zip 32746 | | Zip 32746 | |
| Country US | | Country US | |
| 4. FEI Number 59-2344752 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PELLONI, JAMES EDWARD 725 PRIMERA BLVD STE 130 LAKE MARY, FL 32746 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS PELLONI, JAMES EDWARD 725 PRIMERA BLVD LAKE MARY, FL 32746 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PELLONI, DOREEN 725 PRIMERA BLVD. LAKE MARY, FL 32246 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PELLONI, BART 1515 INTERNATIONAL PKWY, STE 3001 LAKE MARY, FL 32746 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PELLONI, JUSTIN 1515 INTERNATIONAL PKWY, STE 3001 LAKE MARY, FL 32746 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PELLONI, JUSTIN 1515 INTERNATIONAL PKWY, STE 3001 LAKE MARY, FL 32746 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 # | | | |