
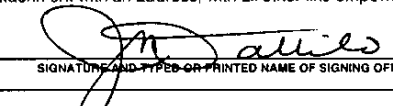


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-25-2005 90003 015 ***150.00

DOCUMENT # H36019 1. Entity Name DATTOLO'S AUTO, INC.					
Principal Place of Business 4853 62ND AVE. N. PINELLAS PARK, FL 33781			Mailing Address 4853 62ND AVE. N. PINELLAS PARK, FL 33781		
2. Principal Place of Business 4857 62nd Ave N Suite, Apt. #, etc.		3. Mailing Address 2648 Meadow Wood Dr Suite, Apt. #, etc.			
City & State Pinellas Park FL		City & State Clearwater FL		4. FEI Number 59-2479944	
Zip 33781		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DATTOLO, JOSEPH A. 4853 62ND AVE. NORTH PINELLAS PARK, FL 33781				7. Name and Address of New Registered Agent Name Joseph A. Datto Street Address (P.O. Box Number is Not Acceptable) DRIVE 2648 Meadow Wood City Clearwater FL Zip Code 33761	
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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DATTOLO, JOSEPH A 4853 62ND AVE. NORTH PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Datto, Joseph A. 2648 Meadow Wood Drive Clearwater FL 33761 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DATTOLO, JOSEPH 4853 62ND AVE. NORTH PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			5-10-05 Date _____ Daytime Phone # _____		