

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90042 003 ***150.00

DOCUMENT # H46683

1. Entity Name
BUTTACAVOLI MANAGEMENT, INC.



Principal Place of Business
4539 GRAND BLVD.
NEW PORT RICHEY, FL 34652

Mailing Address
4539 GRAND BLVD.
NEW PORT RICHEY, FL 34652

00000000



07132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

8021 Moonlight La

Suite, Apt. #, etc.

3. Mailing Address

8021 Moonlight La

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip
34654

Country
USA

Zip
34654

Country
USA

4. FEI Number
59-2533827

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTTACAVOLI, MICHAEL
8021 MOONLIGHT LANE
NEW PORT RICHEY, FL 34654

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BUTTACAVOLI, MICHAEL
8021 MOONLIGHT LANE
NEW PORT RICHEY, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BUTTACAVOLI, GILDA
8021 MOONLIGHT LANE
NEW PORT RICHEY, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ 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

Michael Buttacavoli

7/13/05