

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90150 038 ***150.00

DOCUMENT # J23264

1. Entity Name

DEFALCO ADVERTISING, INCORPORATED



Principal Place of Business

195 WEKIVA SPRINGS RD
100
LONGWOOD, FL 32779 US

Mailing Address

195 WEKIVA SPRINGS RD
100
LONGWOOD, FL 32779 US

20057714



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2694029

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEFALCO, JAMES G
195 WEKIVA SPRINGS RD
SUITE 100
LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEFALCO, JAMES G.
STREET ADDRESS	195 WEKIVA SPRINGS RD, STE 100
CITY-ST-ZIP	LONGWOOD, FL
TITLE	T
NAME	DEFALCO, JERRY
STREET ADDRESS	14 MELODY DR.
CITY-ST-ZIP	COLONIAL, NJ
TITLE	PVS
NAME	DEFALCO, JAMES G.
STREET ADDRESS	195 WEKIVA SPRINGS RD, STE 100
CITY-ST-ZIP	LONGWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #