2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 25, 2005 8:00 am
Secretary of State
04-08-2005 90033 011 ***150.00

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DOCUMENT # K94034

1. Entity Name
FRANK D'ALESSANDRO, INC.

Principal Place of Business	Mailing Address
4516 LONGBOAT LN FORT MYERS, FL 33919 US	4516 LONGBOAT LN FORT MYERS, FL 33919 US

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14220 Royal Harbour Court	14220 Royal Harbour Court
Suite, Apt. #, etc.: #510	Suite, Apt. #, etc.: #510
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

4. FEI Number: 65-0129669 ☐ 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
D'ALESSANDRO, FRANK R 4516 LONGBOAT LN FT MYERS, FL 33919	Name Street Address (P.O. Box Number is Not Acceptable): 14220 Royal Harbour Court #510 City: Fort Myers FL Zip Code: 33908

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERKELEY, MARGARET L 4516 LONGBOAT LANE FT MYERS, FL 33919	☒ Delete	P GALBRAITH, SUSAN M 7800 UNIVERSITY POINTE DRIVE FORT MYERS, FL 33907	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D'ALESSANDRO, FRANK VPD 4516 LONGBOAT LANE FORT MYERS, FL 33919	☐ Delete	 14220 ROYAL HARBOUR COURT #510 FORT MYERS, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Susan M. Galbraith 4-22-05 239-425-6012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #