


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90573 045 ***150.00

| | |
|---|---|
| DOCUMENT # M78659 1. Entity Name ANTHONY D. SALLADIN, INC. |  |
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| Principal Place of Business 2879 DEERHOUND WAY PALM HARBOR, FL 34683 US | Mailing Address 2879 DEERHOUND WAY PALM HARBOR, FL 34683 US |
|---|---|

20036706



04112005 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 59-2882696 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SALLADIN, ANTHONY D. 2879 DEER HOUND WAY PALM HARBOR, FL 34683 |
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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 _____

| | | |
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| 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 | Additional Fee Required <input type="checkbox"/> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST SALLADIN, ANTHONY D. 2879 DEER HOUND WAY PALM HARBOR, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 4/15/05 Daytime Phone # _____