2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # P00000010298 PAUL A ARDOLINO, INC. Mailing Address Principal Place of Business 1628 BORDER LN 1628 BORDER LN HOLIDAY, FL 34691 HOLIDAY, FL 34691 CR2E034 (10/03) 04132005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 59-3711644 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARDOLINO, PAUL A DO NOT WRITE 1628 BORDER LN HOLIDAY, FL 34691 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ARDOLINO, PAUL A NAME STREET ADDRESS 1628 BORDER LN 0000000310004 04/16/<u>05-80</u>060-010 150.00_ CITY-ST-ZIP HOLIDAY, FL 34691 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED