

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90104 007 ***150.00

DOCUMENT # P00000079696

1. Entity Name

Cerola & Associates Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3510 Sherwood Blvd

3. Mailing Address

3510 Sherwood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

65-1041124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Joseph J. Cerola

Street Address (P.O. Box Number is Not Acceptable)

3510 Sherwood Blvd

City

Delray Beach

FL

Zip Code

33445

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE *PD*
NAME *Cerola, Joseph J*
STREET ADDRESS *3510 Sherwood Blvd*
CITY-ST-ZIP *Delray Beach FL 33445*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VD*
NAME *Cerola, Georgianna*
STREET ADDRESS *3510 Sherwood Blvd*
CITY-ST-ZIP *Delray Beach FL 33445*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph J. Cerola

4/17/06 561-6380246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

20032951

CEROLA & ASSOC, INC
3510 SHERWOOD BLVD
DELRAY BEACH, FL 33445
561-638-0246
Fax: 561-498-1603

April 13, 2006

Division of Corporations
PO Box 1500 Tallahassee FL 32302-1500

Attn: Annual Report

Re: Document # P00000079696

Please know that on January 5, 2006, I returned the card requesting the For Profit Corporation Annual Report be mailed to Cerola & Associates. Because this form was never received, I requested by phone the "blank" document which I have filled out and enclosed, along with check number 1428, to fulfill the obligation of Cerola & Associates to file the Annual Report.

I regret any inconvenience this has caused in processing our report.

Yours truly,

Georgianna Cerola

Enclosures: Annual Report
Check 1428

lgc