


**- 2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000094789  
 1. Entity Name  
 PAULYANNA, INC.



Principal Place of Business      Mailing Address  
 1804 SW 35 PL                      1804 SW 35 PL  
 GAINESVILLE, FL 32608        GAINESVILLE, FL 32608

**DO NOT WRITE IN THIS SPACE**



04132005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3684643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ORLANDO, ANNE M  
 1804 SW 35 PL  
 GAINESVILLE, FL 32608

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      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 NAME STREET ADDRESS CITY-ST-ZIP	D WALES, PAUL J 1804 SW 35 PL GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLANDO, ANNE M 1804 SW 35 PL GAINESVILLE, FL 32608
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U00000303636  
 04/14/05-80012-006 150.00

**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)(f), 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: *Anne Orlando*      4/13/05      352-377-2637  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #