

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115832

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: POMPILE AND ASSOCIATES, INC.

## Current Principal Place of Business:

6665 VIA REGINA  
BOCA RATON, FL 33433

## New Principal Place of Business:

1950 NW 2ND AVE.  
BOCA RATON, FL 33432

## Current Mailing Address:

6665 VIA REGINA  
BOCA RATON, FL 33433

## New Mailing Address:

21090 WATER OAK TERRACE  
BOCA RATON, FL 33432

FEI Number: 65-1086305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POMPILE, DOMENIC  
1950 NW 2ND AVE.  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: POMPILE, DOMENIC  
Address: 1950 NW 2ND AVE.  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMENIC J. POMPILE, PT, CSCS

D

04/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date