


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90115 021 ***150.00

DOCUMENT # P00000116049					
1. Entity Name CANCILLA ENTERPRISES, INC.					
Principal Place of Business 250 N. LAKE DRIVE NAPLES, FL 34102		Mailing Address 250 N. LAKE DRIVE NAPLES, FL 34102			
2. Principal Place of Business 4998 Ventura Ct.		3. Mailing Address 4998 Ventura Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State Naples, FL		4. FEI Number 59-3691992	
Zip 34109		Country U.S.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLOOD, PETER T 125 N AIRPORT RD #202 NAPLES, FL 34104			7. Name and Address of New Registered Agent Name: Jan Cancilla Street Address (P.O. Box Number is Not Acceptable): 4998 Ventura Court City: Naples FL Zip Code: 34109		
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: <u>Janet Cancilla</u> DATE: <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Jan Cancilla	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANCILLA, JANET S		NAME		
STREET ADDRESS	250 N. LAKE DRIVE		STREET ADDRESS	4998 Ventura Court	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Janet Cancilla</u>			DATE: <u>4/28/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		