

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005217

FILED
Jan 11, 2005
Secretary of State

Entity Name: ROPELLA AND ASSOCIATES, INC.

Current Principal Place of Business:

6988 PINE BLSM ROAD
MILTON, FL 32570

New Principal Place of Business:

3174 EDINBURGH CASTLE DRIVE
MILTON, FL 32583

Current Mailing Address:

6988 PINE BLSM ROAD
MILTON, FL 32570

New Mailing Address:

3174 EDINBURGH CASTLE DRIVE
MILTON, FL 32583

FEI Number: 59-3691932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROPELLA, PATRICK B
6988 PINE BLSM ROAD
MILTON, FL 32570 US

Name and Address of New Registered Agent:

ROPELLA, PATRICK B
3174 EDINBURGH CASTLE DRIVE
MILTON, FL 32583 US

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: PATRICK B. ROPELLA

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROPELLA, PATRICK B
Address: 6988 PINE BLSM ROAD
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROPELLA, PATRICK B
Address: 3174 EDINBURGH CASTLE DIRVE
City-St-Zip: MILTON, FL 32583

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: PATRICK B. ROPELLA

D

01/11/2005

Electronic Signature of Signing Officer or Director

Date