


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90035 039 ***150.00

| | | | | | |
|---|---|---------|---|---|--|
| DOCUMENT # P01000016415 1. Entity Name THROTTLE-UP INC. | | | |  | |
| Principal Place of Business 8405 SE WOODCREST PL HOBE SOUND, FL 33455 | | | Mailing Address 8405 SE WOODCREST PL HOBE SOUND, FL 33455 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-1078980 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 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 CAPICOTTI, DIANA 8405 SE WOODCREST PL HOBE SOUND, FL 33455 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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. | | | FL Zip Code | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| DATE _____ | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | DP CAPICOTTI, JOE 8405 SE WOODCREST PL HOBE SOUND, FL 33455 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO CAPICOTTI, JOE 8405 SE WOODCREST PL HOBE SOUND, FL 33455 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | | |
| 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>Diana Capicotti</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |