

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029121

Entity Name: GARY PONTRELLI, INC.

FILED  
Mar 06, 2006  
Secretary of State

## Current Principal Place of Business:

1405 HAVERVILLE DRIVE  
TRINITY, FL 34655

## New Principal Place of Business:

## Current Mailing Address:

1405 HAVERVILLE DRIVE  
TRINITY, FL 34655

## New Mailing Address:

FEI Number: 59-3705392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLIER, JAMES H SR  
7238 MAPLEHURST DRIVE  
PORT RICHEY, FL 34668 US

## Name and Address of New Registered Agent:

COLLIER, JAMES H SR  
14055 TENNYSON DRIVE  
HUDSON, FL 34667 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: JAMES H COLLIER SR.

03/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PONINELLI, GARY  
Address: 1405 HAVERVILLE DRIVE  
City-St-Zip: TRINITY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PONTRELLI, GARY  
Address: 1405 HAVERVILLE DRIVE  
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GARY PONTRELLI

P

03/06/2006

Electronic Signature of Signing Officer or Director

Date