

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036152

Entity Name: SZILAGYI, INC.

FILED
Jul 11, 2005
Secretary of State

Current Principal Place of Business:

635 8TH STREET SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

635 8TH STREET SOUTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3709571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCEL RATH, DAVID P.A.
4501 TAMiami TRAIL NORTH
#204
NAPLES, FL 34103 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SZILAGYI, MICHAEL J
Address: 635 8TH ST SOUTH
City-St-Zip: NAPLES, FL 34102

Title: VPS () Delete
Name: SZILAGYI, MARK W
Address: 635 8TH ST SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARK W. SZILAGYI

VPS

07/11/2005

Electronic Signature of Signing Officer or Director

Date