


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90061 015 ***150.00

DOCUMENT # P01000037707 1. Entity Name PEDONE, INC.			
Principal Place of Business 89 9TH ST. SOUTH NAPLES, FL 34102		Mailing Address 5253 WILLOW CT. CAPE CORAL, FL 33904	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4433 E Alhambra Cir Suite, Apt. #, etc.	
City & State Zip		City & State Naples FL Zip 34103	
Country USA		4. FEI Number 59-3710951	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PEDONE, CAROL 5253 WILLOW CT. CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) 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	P PEDONE, CAROL 5253 WILLOW CT. CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEDONE CAROL 4433 E Alhambra Cir Naples FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDONE, JOHN 5253 WILLOW CT. CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEDONE John 4433 E Alhambra Cir Naples FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Carol Pedone</i> CAROL PEDONE		3-11-05 239 262-4506	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	