

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000052777

1. Entity Name
DALESSIO REAL ESTATE SERVICES, INC.



Principal Place of Business
6452 NW HALIBUT STREET
PORT SAINT LUCIE, FL 34986 US

Mailing Address
6452 NW HALIBUT STREET
PORT SAINT LUCIE, FL 34986 US

**FILED
Feb 17, 2005 08:00 AM
Secretary of State**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1115348	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DALESSIO, RENEE L
6452 NW HALIBUT STREET
PORT SAINT LUCIE, FL 34986

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALESSIO, RENEE L 6452 NW HALIBUT STREET PORT SAINT LUCIE, FL 34986	U000000233518 02/17/05-80047-001 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALESSIO, GREGORY H 6452 NW HALIBUT STREET PORT SAINT LUCIE, FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Renée L. Dalessio, President* 2/4/05 772-215-7074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #