

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066238

FILED  
Jun 03, 2005  
Secretary of State

Entity Name: STILETTO GULF & BEACH INCORPORATED

## Current Principal Place of Business:

745 ATLANTA HWY  
111  
CUMMING, GA 30040

## New Principal Place of Business:

101 MAGNOLIA GROVE  
ALPHARETTA, GA 30022

## Current Mailing Address:

745 ATLANTA HWY  
111  
CUMMING, GA 30040

## New Mailing Address:

101 MAGNOLIA GROVE  
ALPHARETTA, GA 30022

FEI Number: 58-2638941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC  
92 SADBERRY ROAD  
QUINCY, FL 323510000 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: P ( ) Delete  
Name: WATSON, SUSAN E  
Address: 3560 ROSE COTTAGE LANE  
City-St-Zip: CUMMING, GA 30040

Title: DST ( ) Delete  
Name: GRUCA, JOHN M  
Address: 101 MAGNOLIA GROVE  
City-St-Zip: ALPHARETTA, GA 30022

Title: VP ( ) Delete  
Name: GRUCA, CYNTHIA M  
Address: 101 MAGNOLIA GROVE  
City-St-Zip: ALPHARETTA, GA 30020

Title: VP ( ) Delete  
Name: WATSON, DOUGLAS  
Address: 3560 ROSE COTTAGE LANE  
City-St-Zip: CUMMING, GA 30040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRUCA, JOHN M P  
Address: 101 MAGNOLIA GROVE  
City-St-Zip: ALPHARETTA, GA 30022

Title: ST (X) Change ( ) Addition  
Name: WILLIAMS, BILLY E SEC/TR  
Address: 6728 HOLIDAY POINT  
City-St-Zip: BUFORD, GA 30518

Title: VP (X) Change ( ) Addition  
Name: GRUCA, CYNTHIA M  
Address: 101 MAGNOLIA GROVE  
City-St-Zip: ALPHARETTA, GA 30022

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, KELLY VP  
Address: 6728 HOLIDAY POINT  
City-St-Zip: BUFORD, GA 30518

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: JOHN M GRUCA

PRES

06/03/2005

Electronic Signature of Signing Officer or Director

Date