

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90024 040 ***158.75

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000001349					
1. Entity Name SOSTILIO & ASSOCIATES INTERNATIONAL, INC.					
Principal Place of Business 4425 SE 2ND PL OCALA, FL 34471			Mailing Address P.O. BOX 830190 OCALA, FL 34483-0190		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0022596	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOSTILIO, GAIL M 4425 SE 2ND PL OCALA, FL 34471			Name <u>GAIL M Sostilio</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <u>FL</u> 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 <u>Gail M. Sostilio</u> <u>GAIL M. Sostilio</u> <u>1/06/05</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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					
TITLE	DPC	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	SOSTILIO, ROBERT F		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4425 SE 2ND PL		NAME		
CITY-ST-ZIP	OCALA, FL 34471		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSTILIO, ROBERT F		NAME		
STREET ADDRESS	4425 SE 2ND PL		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSTILIO, ROBERT F		NAME		
STREET ADDRESS	4425 SE 2ND PL		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSTILIO, GAIL M		NAME		
STREET ADDRESS	4425 SE 2ND PL		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 <u>Robert F. Sostilio</u>			SIGNATURE <u>Robert F. Sostilio</u> <u>1/06/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		