


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000018749</b>	
1. Entity Name <b>THE ITALIAN-AMERICAN CONNECTION INC.</b>	

Principal Place of Business <b>7500 ULMERTON ROAD 29 LARGO, FL 33771</b>	Mailing Address <b>7500 ULMERTON ROAD 29 LARGO, FL 33771</b>
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>75-3029373</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KATRINECZ, ANDREW  
7500 ULMERTON ROAD  
29  
LARGO, FL 33771**

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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATRINECZ, ANDREW J 7500 ULMERTON ROAD UNIT 29 LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS KATRINECZ, IRENE E 7500 ULMERTON ROAD LARGO, FL 33771
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04/22/05-80019-018 150.00

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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 fee empowered.

**SIGNATURE:** Andrew J. Katrinecz **4/19/05** **727-424-4271**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #