


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000057740  
 1. Entity Name  
 JOSEPH GAUDIO, SR., INC.



Principal Place of Business      Mailing Address  
 5866 THREE IRON DR., #203      5866 THREE IRON DR., #203  
 NAPLES, FL 34102                  NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**



02052005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 01-0723786      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARC F. OATES, P.A.  
 10001 TAMIAMI TRAIL N., STE. 119  
 NAPLES, FL 34108

**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 \_\_\_\_\_ (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.            \$5.00 May Be Added to Fees

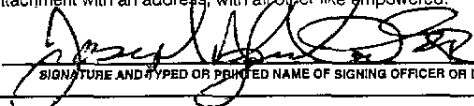
04/04/05-80060-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	GAUDIO, JOSEPH A SR.
STREET ADDRESS	5866 THREE IRON DR. #203
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	GAUDIO, JOSEPH A SR.
STREET ADDRESS	5866 THREE IRON DR. #203
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  Joseph A. Gaudio Sr.      4-1-05      239-293-9354

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