

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068124

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: FRANK A. FALCONETTI C.P.A., PA

## Current Principal Place of Business:

901 DOUGLAS AVENUE  
SUITE 206  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

327 ASHFORD COURT  
LAKE MARY, FL 32746

## New Mailing Address:

FEI Number: 27-0020316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FALCONETTI, JEAN  
327 ASHFORD COURT  
LAKE MARY, FL 32746 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FALCONETTI, FRANK A JR.  
Address: 327 ASHFORD COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Change (X) Addition  
Name: FALCONETTI, JEAN  
Address: 327 ASHFORD COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: TREA ( ) Change (X) Addition  
Name: MASCHERI, LYN  
Address: 327 ASHFORD COURT  
City-St-Zip: LAKE MARY, FL 32746

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: FRANK A FALCONETTI

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date