## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 10, 2005 08:00 AN Secretary of State **DOCUMENT # P02000094533** 1. Entity Name ASSÉLTA & MCVAY, INC Princ al Place of Business Mailing Address 619 K. DIXIE HIGHWAY 619 N. DIXIE HIGHWAY LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4210333 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ASSELTA, JOSEPH R DO NOT WRITE 619 N. DIXIE HIGHWAY LAKE WORTH, FL 33460 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 1 am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME ASSELTA, JOSEPH R STREET ADDRESS 619 N. DIXIE HIGHWAY 112222 Tribution CITY+ST-2IP LAKE WORTH, FL 33460 01/11/05-80027-021 150.00 TITLE NAME STREET ADDRESS CHY-\$1-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY+SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

117/05

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FILED