


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000102156
1. Entity Name
ANTHONY DI NELLA, INC.



Principal Place of Business
3209 SANDSPUR DRIVE
TAMPA, FL 33668

Mailing Address
3209 SANDSPUR DRIVE
TAMPA, FL 33668

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2077470

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DI NELLA, ANTHONY
3209 SANDSPUR DRIVE
TAMPA, FL 33668

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DI NELLA, ANTHONY
STREET ADDRESS	3209 SANDSPUR DRIVE
CITY-ST-ZIP	TAMPA, FL 33668
TITLE	D
NAME	MASUCK, PAMELA A
STREET ADDRESS	3209 SANDSPUR DRIVE
CITY-ST-ZIP	TAMPA, FL 33668
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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IN THIS SPACE**

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02/08/05-80071-010 150.00

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: *Anthony Di Nella* 1-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #