



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90136 043 \*\*\*158.75

<b>DOCUMENT # P02000103071</b>					
<b>1. Entity Name</b> GAINESVILLE BLACK TIE, INC.					
<b>Principal Place of Business</b> 303 E. ALTAMONTE DRIVE, #1120 ALTAMONTE SPRINGS, FL 32701			<b>Mailing Address</b> 303 E. ALTAMONTE DRIVE, #1120 ALTAMONTE SPRINGS, FL 32701		
<b>2. Principal Place of Business</b> 6669 W. Newberry Road Suite, Apt. #, etc. Suite # K-23		<b>3. Mailing Address</b> 6669 W. Newberry Road Suite, Apt. #, etc. Suite # K-23			
City & State Gainesville FL		City & State Gainesville FL		08262005    Chg-P    CR2E034 (10/03)	
Zip    Country 32605    US		Zip    Country 32605    US		<b>4. FEI Number</b> 30-0125865	
<b>5. Certificate of Status Desired</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> HUGHES, GRANT E 303 E. ALTAMONTE DRIVE, #1120 ALTAMONTE SPRINGS, FL 32701				<b>7. Name and Address of New Registered Agent</b> Name: Arthur R. Masciulli Street Address (P.O. Box Number is Not Acceptable): 6669 W. Newberry Road Suite # K-23 City: Gainesville FL    Zip Code: 32605	
<b>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.</b>					
SIGNATURE: <u>Arthur R. Masciulli</u> <u>Arthur R. Masciulli / President</u> <u>8/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, GRANT E 303 E. ALTAMONTE DRIVE, #1120 ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Arthur R. Masciulli 6669 W. Newberry Road Suite # K-23 Gainesville, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <u>Arthur R. Masciulli</u> <u>Arthur R. Masciulli / President</u> <u>8/29/05</u> <u>(352)332-3177</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Day    Daytime Phone #</small>					