## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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NATURE AND TYPED OR PHIL

SIGNATURE:

## Mar 03, 2005 08:00 AM Secretary of State **DOCUMENT # P02000110840** 1. Entity Name CARMINE DEPRIMA SERVICES INC. Mailing Address Principial Place of Business 3735 KAISER AVE. 3735 KAISER AVE. ST. CLOUD, FL 34772 OS ST, CLOUD, FL 34772 OS 01222005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1634086 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEPRIMA, CARMINE 3735 KAISER AVE. ST. CLOUD, FL 34772 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 (NOTE Registered Agent signature required when reinstating) Signature Typed in printed came of registered agent and little if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIBECTORS 10. PREZ DILE NAME DEPRIMA, CARMINE 3735 KAISER AVE. STREET ADDRESS GITY-ST-ZIP ST. CLOUD, FL 34772 U00000249877 03/03/05-80021-007 150.00 NAME STREET ADDRESS CITY-SI-ZIP JULE NAME STREET ADDRESS DO NOT WRITE COLY-ST-ZIP IN THIS SPACE TOTAL NAME STREET ADDRESS CHY-SI-ZE ate NAME STREET ADDRESS CHY-ST-ZIP HILE MAM: STREET ADDRESS CHY-SI- AP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 of required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NO OFFICER OR DIRECTOR

FILED

407-709-667