

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000127242

1. Entity Name
MISTRETTA ENTERPRISES, INC.



Principal Place of Business

2669 CRYSTAL CIRCLE
DUNEDIN, FL 34698

Mailing Address

2669 CRYSTAL CIRCLE
DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FCI Number

57-1142540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISTRETTA, BARBARA A
2669 CRYSTAL CIRCLE
DUNEDIN, FL 34698

**DO NOT WRITE
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

Signature typed or printed name of registered agent and the filer (also case)

(NOTE: Registered Agent's signature required when not holding)

DATE

**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	MISTRETTA, PAUL J
STREET ADDRESS	2669 CRYSTAL CIRCLE
CITY ST ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	MISTRETTA, BARBARA A
STREET ADDRESS	2669 CRYSTAL CIRCLE
CITY ST ZIP	DUNEDIN, FL 34698
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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01/13/05-80013-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 an other like empowered.

SIGNATURE:

Barbara A. Mistretta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05

727-458-4999

DATE

DATE BY PHONE