
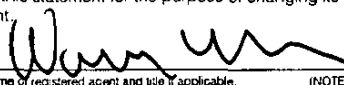
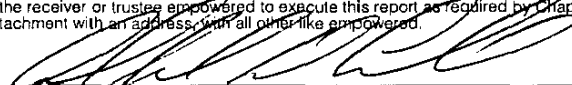


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90040 042 \*\*\*150.00

<b>DOCUMENT # P03000067967</b>					
<b>1. Entity Name</b> CORPIN CORPORATION, INC.					
<b>Principal Place of Business</b> 512 S.W. 53RD TERRACE CAPE CORAL, FL 33914			<b>Mailing Address</b> 512 S.W. 53RD TERRACE CAPE CORAL, FL 33914		
<b>2. Principal Place of Business</b> <b>2224 EL JOBEAN RD</b>		<b>3. Mailing Address</b> <b>2224 EL JOBEAN RD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>PORT CHARLOTTE, FL</b>		<b>City &amp; State</b> <b>PORT CHARLOTTE, FL</b>		<b>4. FEI Number</b> 01-0788161	
<b>Zip</b> <b>33948</b>		<b>Country</b> <b>USA</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WOTITZKY, HAL F WOTITZKY, WOTITZKY, ROSS, GOLDMAN, STURGES 223 TAYLOR STREET PUNTA GORDA, FL 33950			<b>7. Name and Address of New Registered Agent</b>  <b>Name</b> <b>WARREN R. ROSS</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>990 WEST MARION AVENUE, SUITE 201</b>  <b>City</b> <b>PUNTA GORDA</b>		
<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>  <b>SIGNATURE</b> 			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> CORRICELLI, ALBERT <b>STREET ADDRESS</b> 512 S.W. 53RD TERRACE <b>CITY-ST-ZIP</b> CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> CORRICELLI, ALBERT <b>STREET ADDRESS</b> 2224 EL JOBEAN RD <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PINARD, ARMAND <b>STREET ADDRESS</b> 512 S.W. 53RD TERRACE <b>CITY-ST-ZIP</b> CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		<b>TITLE</b> S/T <b>NAME</b> PINARD, ARMAND <b>STREET ADDRESS</b> 2224 EL JOBEAN RD <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<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>					
<b>SIGNATURE:</b> 			4-6-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		