

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90006 020 ***150.00

DOCUMENT # P03000124938	
1. Entity Name EILEEN GULOTTA INC.	



Principal Place of Business 9105 COCHISE LANE PORT RICHEY, FL 34668	Mailing Address 9105 COCHISE LANE PORT RICHEY, FL 34668
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50061167



2. Principal Place of Business 304 PORTLAND AVE.	3. Mailing Address 304 PORTLAND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08042005 Chg-P CR2E034 (10/03)

City & State SPRING HILL FL	City & State SPRING HILL FL
Zip 34606	Country HERNANDO
Zip 34606	Country HERNANDO

4. FEI Number 20-0378402	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GULOTTA, EILEEN 9105 COCHISE LANE PORT RICHEY, FL 34668	
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7. Name and Address of New Registered Agent Name GULOTTA, EILEEN Street Address (P.O. Box Number is Not Acceptable) 304 PORTLAND AVE City SPRING HILL FL Zip Code 34606	
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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: <i>Eileen Gulotta</i> (NOTE: Registered Agent signature required when reinstating) DATE: 8-9-05	
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULOTTA, EILEEN 9105 COCHISE LANE PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GULOTTA, EILEEN 304 PORTLAND AVE. SPRING HILL FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHLER, ERIC BRIAN 9105 COCHISE LANE PORT RICHEY, FL 34668 <input checked="" 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	T SANDRA CARSON 7710 BIRCHWOOD PL. PORT RICHEY FL 34668 <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
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

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: <i>Eileen Gulotta</i>	8-9-05	752-688-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT *POB000124938*
EILEEN GULOTTA INC *50061167*
304 Portland Avenue
Spring Hill, Florida 34606
352-688-7277

July 27, 2005

State of Florida
Division of Corporations
P O Box 1500
Tallahassee, FL 32302 - 1500

Dear Sir:

Enclosed is the 2005 Annual Report for : **EILEEN GULOTTA INC FEIN 20-0378402**
together with our check for \$150.00. Please note the change of address.

We did not receive a Form or any notice and only recently discovered that the Report was
due on May 1. For this reason, we respectfully request that the penalty for late filing be
waived.

Thank you

Yours truly



Eileen Gulotta, President