



**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		<p style="font-size: 24pt; text-align: center;"><b>50061167</b></p> 	
2. Principal Place of Business <b>304 PORTLAND AVE.</b>		3. Mailing Address <b>304 PORTLAND AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08042005 Chg-P CR2E034 (10/03)	
City & State <b>SPRING HILL FL</b>		City & State <b>SPRING HILL FL</b>		4. FEI Number 20-0378402	
Zip <b>34606</b>		Country <b>HERNANDO</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GULOTTA, EILEEN 9105 COCHISE LANE PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name <b>GULOTTA, EILEEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>304 PORTLAND AVE</b> City <b>SPRING HILL</b> FL Zip Code <b>34606</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. SIGNATURE: <u><i>Eileen Gulotta</i></u> DATE: <u>8-9-05</u> <small>Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		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.	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u><i>Eileen Gulotta</i></u>		Date: <u>8-9-05</u>		Daytime Phone #: <u>352-688-7277</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

POB000124935

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