

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90259 015 ***150.00

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1. Entity Name

EILEEN GULOTTA INC.

Principal Place of Business

304 PORTLAND AVENUE
SPRING HILL FL 34606
US

Mailing Address

304 PORTLAND AVENUE
SPRING HILL FL 34606
US

2. Principal Place of Business

304 Portland Ave
Suite, Apt. #, etc.

3. Mailing Address

304 Portland Ave
Suite, Apt. #, etc.

City & State

Springhill FL
Zip 34606 Country USA

City & State

Springhill FL
Zip 34606 Country USA

4. FEI Number

20-0378402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GULOTTA, EILEEN
9105 COCHISE LANE
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name Eileen Gulotta

Street Address (P.O. Box Number is Not Acceptable)
304 Portland Ave

City Springhill

FL

Zip Code 34606

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GULOTTA, EILEEN
STREET ADDRESS 304 PORTLAND AVENUE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE T ☐ Delete
NAME CARSON, SANDRA
STREET ADDRESS 7710 BIRCHWOOD PLACE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

317-06 364-3084