


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90078 044 ***150.00

DOCUMENT # P03000151614	
1. Entity Name CIOFFI REMODELING INC.	

Principal Place of Business 1809 PENZANCE PKWY MIDDLEBURG, FL 32068	Mailing Address 1809 PENZANCE PKWY MIDDLEBURG, FL 32068
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20050001



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07112005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3773531	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CIOFFI, ADAM D 1809 PENZANCE PKWY MIDDLEBURG, FL 32068		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIOFFI, ADAM D 1809 PENZANCE PKWY MIDDLEBURG, FL 32068 <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	D CIOFFI, LEE B 1809 PENZANCE PKWY MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Adam Cioffi, President **ADAM CIOFFI** 7/11/05 904-219-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
#PO0001516/4
20063687

CIOFFI REMODELING INC.
ADAM CIOFFI
1809 PENZANCE PKWY
MIDDLEBURG FL. 32068

TEL# 904-291-3312
FAX# 904-276-0038

CELL# 904-219-2483

Mam or Sir,

2004 was my first year of incorporation and I am still learning what needs to be done and when. I did not receive a notice to file my annual report this spring and was not aware of the need until I received my Notice to Dissolve.

This is my petition to have the late fee removed. It is a significant fine and I would greatly appreciate not having to pay it.

Thank you,

Adam Cioffi, President and Qualifying Agent