

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90103 026 \*\*\*150.00

<b>DOCUMENT # P03000153517</b> 1. Entity Name <b>J. INGRAVALLO INC.</b>			
Principal Place of Business <b>1508 S HOWARD AVE #B TAMPA, FL 33606</b>		Mailing Address <b>1508 S HOWARD AVE #B TAMPA, FL 33606</b>	
2. Principal Place of Business <b>1411 N Westshore Blvd.</b>		3. Mailing Address <b>1411 N. Westshore Blvd</b>	
Suite, Apt. #, etc. <b>317</b>		Suite, Apt. #, etc. <b>317</b>	
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>	
Zip <b>33607</b>		Zip <b>33607</b>	
Country <b>Hillsborough</b>		Country <b>Hillsborough</b>	
4. FEI Number <b>20 0497014</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>INGRAVALLO, JOHN 1508 S HOWARD AVE #B TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name <b>JOHN INGRAVALLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1508 S. HOWARD AVE.</b> City <b>TAMPA</b> FL Zip Code <b>33606</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		DATE <b>8/16/05</b>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 INGRAVALLO, JOHN 1508 S HOWARD AVE #B TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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
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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:		DATE <b>8/16/05</b>	