

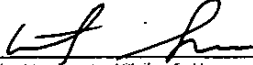



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90351 038 \*\*\*150.00

<b>DOCUMENT # P04000005759</b> 1. Entity Name <b>ROBERT AMOROSO CO</b>					
Principal Place of Business <b>1111 SW 18TH AVENUE</b> <b>CAPE CORAL, FL 33991 US</b>			Mailing Address <b>1111 SW 18TH AVENUE</b> <b>CAPE CORAL, FL 33991 US</b>		
2. Principal Place of Business <b>158 S.E. 7TH STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>158 S.E. 7TH STREET</b> Suite, Apt. #, etc.			
City & State <b>CAPE CORAL FLORIDA</b> Zip <b>33990</b> Country <b>Lee</b>		City & State <b>CAPE CORAL FLORIDA</b> Zip <b>33990</b> Country <b>Lee</b>		4. FEI Number <b>20-0711159</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>AMOROSO, ROBERT</b> <b>1111 SW 18TH AVENUE</b> <b>CAPE CORAL, FL 33991</b>			7. Name and Address of New Registered Agent Name <b>ROBERT AMOROSO</b> Street Address (P.O. Box Number is Not Acceptable) <b>158 S.E. 7TH STREET</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33990</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>4-24-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMOROSO, ROBERT 1111 SW 18TH AVENUE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT AMOROSO 158 S.E. 7TH ST. CAPE CORAL FL. 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIZE, PENNIE 1111 SW 18TH AVENUE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENNIE MIZE 158 S.E. 7TH STREET CAPE CORAL FL. 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRAN, CHARLES III 224 SW 47TH TERRACE #2 CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERT A. AMOROSO 306 S.W. 19 TERRACE CAPE CORAL FL. 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  <b>ROBERT AMOROSO</b> <b>4-24-05</b> <b>239-297-2963</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					