2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2005 8:00 am Secretary of State

DOCUMENT # P04000021288 1. Eritly Name MIKE RINALDI BUILDING AND DEVELOPMENT, INC.										02-03	3-2005	90046	5 021 **	*150.00	
Principal Place of Business Malling Address 1667 BONITA CT 1667 BONITA CT									23	00422	קי				
NAPLES, FL 34102 NAPLES					ES, FL 34102							19 1730 1751	I (188) (818) /II	: 11231 II 1001	
2. Principal Place of Business				3. Mail	ing Address			\dashv							
Suite, Apt. #, etc.				Sulte	a. Apt. #, etc.			01052005	Chg-P	1	CR2E03	4 (10/03)			
City & State				City & State					4. FEI Numbe	3-06(697	<u>z8</u>	<u> </u>	plied For Applicable	· .
Zip	Country			Zip Co			try		5. Centicate	of Status Des	ired		8.75 Add		1
6. Name and Address of Current Registered Agent									7. Name and	Address of I	New Regi	stared A	gent		1
MOVATT	Jeee M			-			Name		~	•		-			-
NOVATT, JEFF M 821 FIFTH AVE SOUTH							Street Addre	933 (F	P.O. Box Numbe	er is Not Acce	ptable)				1
SUITE 201															
NAPLES, FL 34102							City	ity Fi 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.														and accept	1
SIGNATURE_	Soneture, Noec	or princed name of	registered agent an	d title if acc	Scable. (NOT	E: Regissere	o Agent signesure re	D.PRI	when refreshing)			DATE			
PILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.							•	\$5.	00 May Be ed to Fees	!					
10. OFFICERS AND D					irs .	11.			ADDITIONS/	CHANGES TO	O OFFICE	RS AND	DIRECTOR	S IN 11	1
TITLE	D Delete								☐ Change ☐ Addition						1
NAME	RINALDI, MICHAEL P						£								
STREET ADDRESS							ET ADORESS -ST-ZIP								
IIILE	Delete III						E						☐ Change	Addition	1
HAME	—						E						1		
STREET ADDRESS CITY-ST-ZIP							ET ADORESS -ST-ZIP							ü	_
TILE	☐ Delete III												Change	Addition	
STREET ADDRESS.	S						ET ADDRESS						-		
CITY - ST - ZIP						СПУ	-\$T-ZIP								
TATLE					Delete	TITL	_						☐ Change	Addition	
STREET ADDRESS						SIR	EET ADDRESS								
CITY-ST-ZIP						cm	-ST-ZIP								_
mre.					Delete	TITL			•				Change	Addition	ļ
NAME STREET ADDRESS	1					NAM STR	ET ADDRESS								İ
CITY-ST-ZIP							-S1-71P								}
TITLE					☐ Delete	TITL							Change	Addition	
STREET ADDRESS						STR	EET ADDRESS								ľ
CITY-ST-ZIP			0			4	-ST-ZIP								}
12. I hereby	certify that th	e information	supplied with t	this liling	does not quality to	r the exe	motion stated	in Se	ction 119.07(3)	(i) Florida Sta	itutes. I fu	rther cert	ily that the i	ntormation	1
of the cor	poration or i no or or an at	nt or supplem tachment with	r trustee empe	DOME SOUR OI DOMENI IIO IIO CRI	eccurate and triat execute this report ter like emocwered	nny signa I as requ I.	ired by Chapte	or 607	, Florida Statute	es; and that m	ny name a	opears in	Block 10 o	r Block 11 if	
12. I hereby certify that the information supplied with this liling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empsingled 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: Whichael Ring Id: 127/05 239 875 7754													ŀ		
SIGNAT	URE:	BIGHATURE	AMO TYPYCU OR PA	WIT ED WA	ITTICA				4	6-1/05 para		<u>≈</u> ح	825 <i>2</i>	.037]