


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90037 021 \*\*\*150.00

<b>DOCUMENT # P04000067297</b>	
1. Entity Name DOMINIC O. FARIELLO, P.A.	

Principal Place of Business 1100 W. KENNEDY BLVD. TAMPA, FL 33606	Mailing Address 1100 W. KENNEDY BLVD. TAMPA, FL 33606
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20064580

2. Principal Place of Business <b>SAME AS ABOVE</b>	3. Mailing Address <b>SAME AS ABOVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



06302005 Chg-P CR2E034 (10/03)

4. FEI Number <b>90-0186294</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GRACY, G. ANDREW 826 BROADWAY DUNEDIN, FL 34698	7. Name and Address of New Registered Agent Name <b>NONE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) 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 FARIELLO, DOMINIC O 1100 W. KENNEDY BLVD. TAMPA, FL 33606 <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	<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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/05 813-251-5550  
Date Daytime Phone #

ATTACHMENT # PD 4000067297  
LAW OFFICES OF  
26064580

**DOMINIC O. FARIELLO, P.A.**

1100 WEST KENNEDY BOULEVARD  
TAMPA, FLORIDA 33606

**DOMINIC O. FARIELLO, ESQ.**  
PERSONAL INJURY • CRIMINAL DEFENSE  
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(813) 251-5550  
(813) 251-1808 FAX  
WATS 1-800-741-1950

July 14, 2005

Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

**Re: 2005 For Profit Corporation Annual Report – Dominic O. Fariello, P.A.**

Dear Sirs:

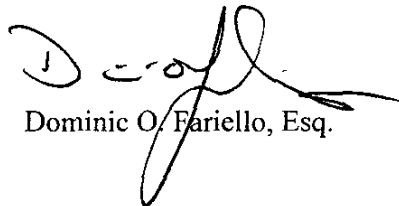
Enclosed please find check number 2914 in the amount of \$150.00 made payable to the Florida Department of Corporations for the 2005 Annual Report.

In addition, my firm has just completed the first year of operation and did not receive a notice for corporation renewal in May of 2005.

I called the department today and spoke to Barbara, who advised me to send a letter explaining that this was my first time renewing and that I did not receive notice in May.

In light of these circumstances, please consider waiving the late charge (penalty fee) of \$550.00. Awaiting your response, I remain

Very truly yours,



Dominic O. Fariello, Esq.

/dof  
Enclosure(s)