


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-03-2005 90120 015 ***150.00

DOCUMENT # P04000068354

1. Entity Name
ESPINACO CORPORATION



Principal Place of Business
**510 22ND AVE NE
NAPLES, FL 34120**

Mailing Address
**510 22ND AVE NE
NAPLES, FL 34120**

00041002



2. Principal Place of Business
3330 31st Ave NE
Suite, Apt. #, etc.

3. Mailing Address
3330 31st Ave NE
Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State
NAPLES, FL

City & State
NAPLES FL

Zip
34120

Country

4. FEI Number
EIN 20-1058330

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ESPINACO, JULIAN
510 22ND AVE NE
NAPLES, FL 34120**

7. Name and Address of New Registered Agent
Name **Orlando Espinaco**
Street Address (P.O. Box Number is Not Acceptable) **3330 31st Ave NE**
City **Naples** FL Zip Code **34120**

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 **Orlando Espinaco** **Orlando Espinaco** **4-25-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	P.D.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESPINACO, JULIAN		NAME		
STREET ADDRESS	510 22ND AVE NE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP		
TITLE	V.D.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESPINACO, ORLANDO		NAME		
STREET ADDRESS	510 22ND AVE NE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Orlando Espinaco** **Orlando Espinaco** **4-25-05**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Photo # **(239) 287-3548**