

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000072713

1. Entity Name  
A.S.A.P. BLUEPRINT & SIGN COMPANY, INC



**FILED  
Feb 03, 2005 8:00 am  
Secretary of State**

02-03-2005 90051 017 \*\*\*158.75

Principal Place of Business  
1750 J&C BLVD  
2  
NAPLES, FL 34109 18

Mailing Address

1750 J&C BLVD  
2  
NAPLES, FL 34109 18

2. Principal Place of Business  
5760 Shirley St.  
Suite, Apt. #, etc.  
Unit #1

3. Mailing Address  
5760 Shirley St.  
Suite, Apt. #, etc.  
Unit #1

City & State  
Naples, FL 34120

City & State  
Naples, FL  
34120

Zip

Country

Zip

Country

01032005 Chg-P CR2E034 (10/03)

**50010391**



4. FEI Number  
20-1082759

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

OLIVERI, LEONARD  
1750 J&C BLVD  
2  
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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.

SIGNATURE

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

TITLE P  
NAME OLIVERI, LEONARD  
STREET ADDRESS 1750 J&C BLVD #2  
CITY-ST-ZIP NAPLES, FL 34109

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

5760 Shirley St. Unit 1  
Naples, FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

Vice President  
Loredana Bugeanu  
5760 Shirley St. Unit 1  
Naples, FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *Leonard Joseph Oliveri*

1/30/05 (239) 404-2357  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR