

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90027 048 ***150.00

DOCUMENT # P04000094690 1. Entity Name SALES RESEARCH INSTITUTE, INC.					
Principal Place of Business 2325 CHESHIRE LANE NAPLES, FL 34109 US			Mailing Address 2325 CHESHIRE LANE NAPLES, FL 34109 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 112560 Suite, Apt. #, etc.			
City & State Zip		City & State Naples, FL Zip 34108		Country US	
4. FEI Number 56-2468875				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETROSSI, ROBERT J 2325 CHESHIRE LANE 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)					
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 NAME STREET ADDRESS CITY-ST-ZIP	D/P PETROSSI, ROBERT J 2325 CHESHIRE LANE NAPLES, FL 34109	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETROSSI, PATRICIA V 2325 CHESHIRE LANE NAPLES, FL 34109	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETROSSI, DANIEL R 1411 HARBOUR WALK ROAD TAMPA, FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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: <i>Robert J. Petrossi</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-21-05 Date		239-593-4920 Daytime Phone #	