# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2005**
**Secretary of State**

DOCUMENT# P04000096742

**Entity Name:** CHRIS PULCINI RECONDITIONING INC.

**Current Principal Place of Business:**

4918 CONSTANTINE CIRCLE
GREENACRES, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5525
LAKE WORTH, FL 33466

**New Mailing Address:**

PO BOX 5525
LAKE WORTH, FL 33466 US

**FEI Number: 80-0112161** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PULCINI, CHRIS J
1830 EMBASSY DRIVE
SUITE T-17
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

PULCINI, CHRIS J
4918 CONSTANTINE CIRCLE
GREENACRES, FL 33463 US

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.

SIGNATURE: CHRIS J. PULCINI 04/14/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete
Name: PULCINI, CHRISTOPER J
Address: 1830 EMBASSY DRIVE T-17
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP ( ) Delete
Name: PULCINI, RAYMOND M
Address: 4918 CONSTANTINE CIRCLE
City-St-Zip: GREEN ACRES, FL 33463 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: PULCINI, CHRISTOPER J
Address: 4918 CONSTANTINE CIRCLE
City-St-Zip: GREENACRES, FL 33463 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND M. PULCINI VP 04/14/2005
Electronic Signature of Signing Officer or Director Date