


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

06-15-2005 90094 049 ***158.75

DOCUMENT # P04000164996 1. Entity Name PAULY CORPORATION					
Principal Place of Business 9913 NICOMA LANE ORLANDO, FL 32817			Mailing Address 9913 NICOMA LANE ORLANDO, FL 32817		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 32-0135689			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARGER, PAUL M 9913 NICOMA LANE ORLANDO, FL 32817			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARGER, PAUL M 9913 NICOMA LANE ORLANDO, FL 32817	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barger, Paul Bruce 9913 Nicoma Lane Orlando, FL 32817	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <i>Paul M. Barger</i>		6-13-05 (407)647-8867			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>			



ATTACHMENT

46026647

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

June 17, 2005

PAULY CORPORATION
9913 NICOMA LANE
ORLANDO, FL 32817

306 2395

Subject: PAULY CORPORATION

Reference Number: P04000164996

~~Please be advised, we have received your annual report/uniform business report~~
and your check(s) totaling \$158.75; however, the report **has not been filed** and a
copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus
\$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please
add an additional \$8.75.

There is a balance due of \$391.25.

After the corrections have been made, please return the report to: Division of
Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days
from the date of this letter.

If you have additional questions or need further assistance, please call the
Division of Corporations at 850-245-6056 and press 4. Your call will be
answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

ATTACHMENT

66026647
#P04000164996

PAULY CORPORATION

9913 Nicoma Lane
Orlando, FL 32817

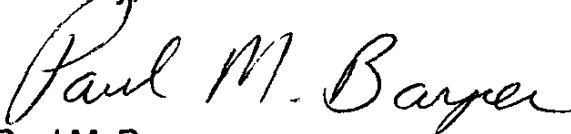
August 25, 2005

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32303-1500

Dear Sir or Madam: ---

This letter is to resolve my late fee of \$400.00. I did not receive the original notice. I was in the middle of moving my personal home and starting the corporation and somehow did not receive the postcard. I have already submitted a payment of \$158.75 for the annual report and a certificate of status. Could you please waive the \$400.00 late fee for due to the circumstances concerning the non receipt of notice? I have enclosed a copy of the original annual report submitted, a copy of my check register for the check #1011 which has already been drafted in the amount of \$158.75, and a copy of the letter I received from you in reference to this issue. Thank you for your time.

Sincerely,



Paul M. Barger
President, Pauly Corporation

DO NOT USE FOR REORDERING PURPOSES

Protect Your Duplicate Checks Store your duplicate checks in your check box.

☒ **Track your expenses...**

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Food | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Utilities | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other: _____ |

☐ TAX-DEDUCTIBLE ITEM

1011

6/13/05

Florida Department of State
one hundred fifty eight and 75/100

Arrival Report

BALANCE FORWARD	
THIS ITEM	158.75
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	

ATTACHMENT

66026647

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For enhanced security, your name and account number do not appear on this copy.

NOT NEGOTIABLE