

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90112 043 ***150.00

DOCUMENT # P05000156472

1. Entity Name

THE FEDELE GROUP, INC.



Principal Place of Business
32-A PINEHAVEN DRIVE
PALM COAST FL 32164

Mailing Address
32-A PINEHAVEN DRIVE
PALM COAST FL 32164



2. Principal Place of Business

139 Westgrill Dr.
Suite, Apt. #, etc.
Palm Coast, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0561534

Applied For

Not Applicable

1st MOORE

CR2E034 (10/05)

Zip
32164

Country
U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEDELE, DANIEL G
32A PINEHAVEN DRIVE
PALM COAST FL 32164

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
FEDELE, DANIEL G
32A PINEHAVEN DRIVE
PALM COAST FL 32164 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Treasurer
Martha Fedele
139 Westgrill Dr
Palm Coast, FL 32164 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 another like empowered.

SIGNATURE:

[Signature]

Daniel G. Fedele

3-30-06

386-931-0461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #