

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000062534

1. Entity Name
CATHOLIC PRODUCTS ONLINE, INC.



FILED

10 MAY 26 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5291 MIDDLE CT
ORLANDO, FL 32811

Mailing Address

5291 MIDDLE CT
ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #

5291 MIDDLE CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32811 ORANGE

Country

05142010

Chg-P

CR2E034 (11/08)

4. FEI Number

20-4821101

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSO, GLORIA
5291 MIDDLE COURT
ORLANDO, FL 32811

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 fee, if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE	P	<input type="checkbox"/> Delete
NAME	RUSSO, GLORIA	
STREET ADDRESS	5291 MIDDLE COURT	
CITY - ST - ZIP	ORLANDO, FL 32811	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSSO, NICOLA	
STREET ADDRESS	5291 MIDDLE COURT	
CITY - ST - ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500180890085	
STREET ADDRESS	05/14/10--01012--008	**150.00
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500180890085	
STREET ADDRESS	05/26/10--01007--008	**8.75
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE:

Gloria Russo

5/20/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/27/20