



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90223 001 --\$150.00  
 FILED P94000004081  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JUL -7 PM 2:41

<b>DOCUMENT # P94000004081</b>			
1. Entity Name A - SALO & SALO, INC.			
Principal Place of Business 7170 NALLE GRADE RD NORTH FT MEYERS, FL 33917		Mailing Address 7170 NALLE GRADE RD NORTH FT MEYERS, FL 33917	
2. Principal Place of Business <i>16251 SLATER RD</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>UNIT # 5</i>		Suite, Apt. #, etc.	
City & State <i>N. FT. MYERS, FL</i>		City & State	
Zip <i>33917</i>		Country <i>USA</i>	
4. FEI Number 65-0463450		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SALO, DAVID 7170 NALLE GRADE ROAD FORT MYERS, FL 33917		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renouncing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.183(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	D SALO, DAVID 7170 NALLE GRADE RD NORTH FT MEYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		6/29/05 239-751-3133 Date <span style="float: right;">Daytime Phone #</span>	