## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P94000054830

Entity Name
 DAVID FIERRO & ASSOCIATES CORPORATION



Principal Place of Business

301 N US HWY 27

SUITE D

CLERMONT, FL 34711

Mailing Address

614 E HWY 50

#408

CLERMONT, FL 34711 US

**FILED** Apr 22, 2005 08:00 AM Secretary of State



04212005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0507483

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

352-241-7024

6. Name and Address of Current Registered Agent

CAMPORA, RICK 614 E HWY 50 #408 CLERMONT, FL 34711

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

		•••			
8. The above named entity submits this statement for the purposs 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 noistcradeport and title of applicable. (NOTE, Registered Agent signature regulated when reinstating)  DATE					
FILE NOW!!! FEE IS \$150-00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				* ************************************	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC FIERRO, DAVID 614 E HWY 50 #408 CLERMONT, FL 34711				U00000322938 04/22/05-80032-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD CAMPORA, RICK 614 E HWY 50 #408 CLERMONT, FL 34711				U00000322938 04/22/05-80032-025 8.75
TITLE NAME	P FIERRO, DAVID				04/22/03-00002-023 0.15
STREET ADDRESS CITY-ST-ZIP	614 E HWY 50 #408 CLERMONT, FL 34711			DO	NOT WRITE
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NAME STREET ADDRESS			1		•
CITY-ST-ZIP					
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 diffector of the corporation or the receiver or trustee employeered 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 effects in the many wered.					

ED NAME OF SIGNING OFFICER OR DIRECTOR