

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90133 037 ***150.00

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1. Entity Name
SIL-O-ETTE INTERNATIONAL, INC.



Principal Place of Business

4902-113 AVE NORTH 33764
CLEARWATER, FL 33760 US
10855 US Hwy 19 N #A

Mailing Address

4902-113 AVE NORTH 33764
CLEARWATER, FL 33760 US
10855 US Hwy 19 N #A

14016016



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3264232

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONE, ANTHONY PRESIDE
4902-113TH AVE N 33764
CLEARWATER, FL 33760
10855 US Hwy 19 N #A

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

Anthony Mone

4/25/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME MAIELLO, MICHAEL
STREET ADDRESS 4902-113 AVE NORTH 10855 US Hwy 19 N #A
CITY - ST - ZIP CLEARWATER, FL 33760- 33764

TITLE VP
NAME MAIELLO, MICHAEL
STREET ADDRESS 4902-113TH AVE N
CITY - ST - ZIP CLEARWATER, FL 33760

TITLE P
NAME MONE, ANTHONY
STREET ADDRESS 4902-113TH AVE N 10855 US Hwy 19 N #A
CITY - ST - ZIP CLEARWATER, FL 33760 33764

TITLE Vice President
NAME JOHN J. MONE
STREET ADDRESS 10855 US Hwy 19 N #A
CITY - ST - ZIP CLEARWATER, FL 33764

TITLE
NAME JUDITH K DAVIS
TREASURER

**DO NOT WRITE
IN THIS SPACE**

Our New Address Is.....

Sil-o-ette International, Inc
10855 US Hwy. 19 North
Suite A
Clearwater, FL 33764

I do not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director
cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Mone

4/25/05

Date

Daytime Phone #

727
571-3338