

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # P95000011374 (2)

1. Corporation Name
PAUL THE DENT MAN, INC.



Principal Place of Business

755 NORTHWEST 84TH LANE
CORAL SPRINGS FL 33071

Mailing Address

755 NORTHWEST 84TH LANE
CORAL SPRINGS FL 33071-7125

2. Principal Place of Business

21 1843 BARN OWL WAY
Suite Apt. # etc.

2a. Mailing Address

26 1843 BARN OWL WAY
Suite, Apt. #, etc.

City & State

23 PALM HARBOR

Zip

24 34683

Country

25 USA

City & State

28 PALM HARBOR FL

Zip

29 34683

Country

30 USA

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

04/29/1996

4. FEI Number

59-3294558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANTHONY L. PARETTA JR.
755 N.W. 84TH LANE
CORAL SPRINGS FL 33371

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1843 BARN OWL WAY

84 City

PALM HARBOR

FL

85 Zip Code

34683

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Paul Paretti* President

2/14/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PARETTA, PAUL W
STREET ADDRESS 101 SOUTH OLD COACHMAN ROAD APT. 511
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ DELETE

NAME PARETTA, ANTHONY L.
STREET ADDRESS 755 N.W. 84TH LANE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1843 BARN OWL WAY
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PARETTA, ANTHONY L.
2.3 STREET ADDRESS 4625 ANILLE WAY #466
2.4 CITY-ST-ZIP COLORADO SPRINGS, CO 80917

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony L. Paretti Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

Date

Daytime Phone #

0155358

CR2E034 (9/96)