


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90054 005 ***150.00

DOCUMENT # P95000029625	
1. Entity Name ANONIMO, INCORPORATED	

Principal Place of Business 316 14TH AVE W PALMETTO, FL 34221 US	Mailing Address 316 14TH AVE W #3 PALMETTO, FL 34221 US
--	--

50007335



2. Principal Place of Business 419 - 18th Ave. W. Suite, Apt. #, etc.	3. Mailing Address 419 - 18th Ave. W. Suite, Apt. #, etc.
---	---

01242005 Chg-P CR2E034 (10/03)

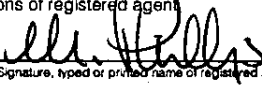
City & State Palmetto FL	City & State Palmetto FL
Zip 34221	Country USA

4. FEI Number 65-0577965	Applied For Not Applicable
-----------------------------	-------------------------------

6. Name and Address of Current Registered Agent PHILLIPS, MARIA COLFER 316 14TH AVE W PALMETTO, FL 34221	
---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

7. Name and Address of New Registered Agent Name MARIA PHILLIPS Street Address (P.O. Box Number Not Acceptable) 419 - 18th Ave. W. City Palmetto FL Zip Code 34221	
--	--

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 	MARIA PHILLIPS, VICE PRESIDENT 01/21/05 + SECRETARY

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV PHILLIPS, MARIA COLFER 316 14TH AVE. W PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PHILLIPS, GARY M 316 14TH AVE. W PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: 	MARIA PHILLIPS V.P./SEC. 01/21/05 (941) 729-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #