

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000076102

Entity Name: SAINT CACCHIOTTI, P.A.

FILED  
Jan 31, 2005  
Secretary of State

**Current Principal Place of Business:**

4519 NASSAU ROAD  
BRADENTON, FL 34210

**New Principal Place of Business:**

5312 BIMINI DRIVE  
BRADENTON, FL 34210

**Current Mailing Address:**

4519 NASSAU ROAD  
BRADENTON, FL 34210

**New Mailing Address:**

5312 BIMINI DRIVE  
BRADENTON, FL 34210

FEI Number: 65-0620060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARMENTROUT, TERRY L CPA  
1001 N WASHINGTON BLVD  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CACCHIOTTI, CYNTHIA  
Address: 4519 NASSAU ROAD  
City-St-Zip: BRADENTON, FL 34210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: CACCHIOTTI, CYNTHIA  
Address: 5312 BIMINI DRIVE  
City-St-Zip: BRADENTON, FL 34210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA V. CACCHIOTTI

PTD

01/31/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date