


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P95000089729 1. Entity Name COLELLA & ASSOCIATES, INC. |  |
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| Principal Place of Business 805 SMOKERISE BLVD PORT ORANGE, FL 32127 US | Mailing Address 805 SMOKERISE BOULEVARD PORT ORANGE, FL 32127 |
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

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|--|--|
| 4. FEI Number 59-3345806 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent JAMES C. COLELLA 805 SMOKERISE BLVD. PORT ORANGE, FL 32127 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000917412 05/13/08-80038-023 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD COLELLA, JAMES C 805 SMOKERISE BOULEVARD PORT ORANGE, FL 32127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD COLELLA, BEVERLY J 805 SMOKERISE BOULEVARD PORT ORANGE, FL 32127 |
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *James C. Colella* **James C. Colella** **21 Apr 08** **386-322-9080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #