


FILED
Aug 23, 2005 8:00 am
Secretary of State

07-27-2005 90050 033 ***150.00

**-2005 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

66026240

DOCUMENT # P96000007260			
1. Entry Name ANGELO P. MASTRORILLO, P.A.			
Principal Place of Business P O BOX 110114 NAPLES FL 34108		Mailing Address P O BOX 110114 NAPLES FL 34108	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0639580		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASTRORILLO, ANGELO 26888 MCLAUGHLIN BLVD BONITA SPGS FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 amending) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	<input type="checkbox"/> Delete MASTRORILLO, ANGELO 26788 MCLAUGHLIN BLVD BONITA SPGS FL 34134	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: <i>Angelo P. Mastrovillo</i>		Date: 7/21/05	
Secretary Name and Typed or Printed Name of Signing Officer or Director		Daytime Phone: 239-498-0180	

ATTACHMENT 166026240
Creative Accounting Solutions, Inc.

223 Dolphin Cove Ct.
Bonita Springs, FL 34134
E-mail: creativeaccountingsolutions@yahoo.com

(239) 947-8099
Fax (239) 949-4321
(800) 444-8515

August 17, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Angelo P. Mastrorillo P.A..
Naples ~~Cattle~~ Company Inc.
Ref. Nos. P 96000007260 and P 98000026337
P.O. Box 110114
Naples, Florida 34108

Att: Annual Reports Section

Dear Sirs:

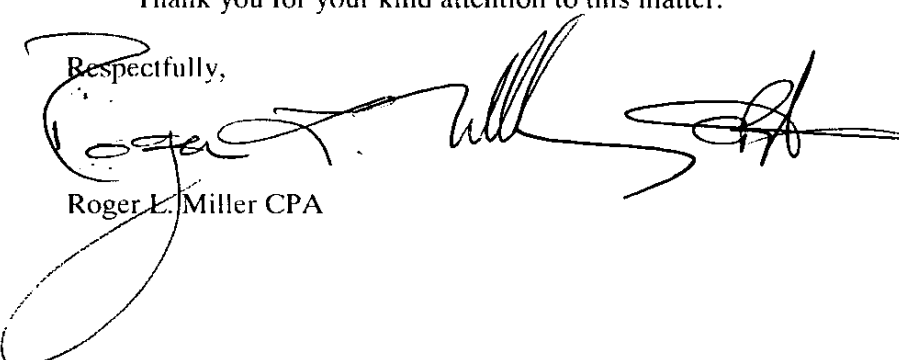
I am writing this letter at the direction of and on behalf of our referenced client whom is in receipt of the attached letters from your offices assessing a four hundred dollar penalty for the late filing of each of the annual report's for the referenced taxpayer's wholly owned S- Corporation's.

The taxpayer informed me, that he never received the initial notice's to renew the corporation's, and he only became aware that the corporation annual report's needed to be filed, when he received the postcard's that were entitled notice of dissolution.

We wish to request abatement of the penalties assessed at this time in lieu of not receiving the initial notice's on a timely basis.

Thank you for your kind attention to this matter.

Respectfully,


Roger L. Miller CPA

ATTACHMENT



06026240

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 29, 2005

ANGELO P. MASTRORILLO, P.A.
P O BOX 110114
NAPLES, FL 34108

Subject: ANGELO P. MASTRORILLO, P.A.

Reference Number: **P96000007260**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314