

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098367

FILED
Jul 01, 2005
Secretary of State

Entity Name: MICOLUCCI ENTERPRISES, INC.

Current Principal Place of Business:

904 ORIENTAL GARDENS RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

904 ORIENTAL GARDENS RD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3441991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATEH, RICKY P
5050 SUNBEAM RD, SUITE 3
JACKSONVILLE, FL 32257 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: MICOLUCCI, JEANNE B
Address: 3738 RIVEREDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD () Delete
Name: MICOLUCCI, VICTOR
Address: 3738 RIVEREDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD () Delete
Name: BATEH, RICKY P
Address: 5050 SUNBEAM RD #3
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MICOLUCCI, JEANNE B
Address: 904 ORIENTAL GARDENS ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD (X) Change () Addition
Name: MICOLUCCI, VICTOR
Address: 904 ORIENTAL GARDENS ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEANNE MICOLUCCI

PTD

07/01/2005

Electronic Signature of Signing Officer or Director

Date