


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000056819	
1. Entity Name PETTINELLA FAMILY HOLDINGS, INC.	

Principal Place of Business 1136 ROUTE 9, SUITE U-1 WAPPINGERS FALLS, NY 12590	Mailing Address 1136 ROUTE 9, SUITE U-1 WAPPINGERS FALLS, NY 12590
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03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2336322	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 MARTINI, GREGORY T 2655 LEJEUNE RD. STE. 1101 CORAL GABLES, FL FL
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTM PETTINELLA, JOSEPH A 35 BURTIS PATH HOPEWELL JCT, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETTINELLA, ALBERT SR 21 PENNY PL FISHKILL, NY 12524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PETTINELLA, ALBERT JR 16 BLUEBERRY DR WINGDALE, NY 12594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINELLI, NANCY 21 PENNY PL FISHKILL, NY 12524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/17/05-80052-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2005 (P) 25-2245
Date Daytime Phone