


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90031 050 ***163.75

DOCUMENT # P97000056912


1. Entity Name
DONALD PASSERETTI INC.



Principal Place of Business
**71 WHISPERING PINE DR.
 PALM COAST, FL 32164**

Mailing Address
**125 W. INTERNATIONAL SPEEDWAY BLVD.
 SUITE #206
 DAYTONA BEACH, FL 32114**

50003800



DO NOT WRITE IN THIS SPACE

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number **593453680** Applied For
~~NOT APPLICABLE~~ Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PASSERETTI, DONALD
~~125 W. INTERNATIONAL SPEEDWAY BLVD~~
~~SUITE #206~~
~~DAYTONA BEACH, FL 32114~~

*71 Whispering Pine Dr
 Palm Coast, FL
 32164*

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	PASSERETTI, DONALD
STREET ADDRESS	125 W. INTERNATIONAL SPEEDWAY BLVD <i>71 WHISPERING PINE DR.</i>
CITY-ST-ZIP	DAYTONA BEACH, FL 32114 <i>Palm Coast FL 32164</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Donald Passeretti* *1/14/05* *386 253-1510*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*check enclosed 150.00
 #1866 8.75
 5.00*