

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90233 041 ***150.00

DOCUMENT # P97000076106

1. Entity Name
CORONA ACQUISITION, INC.



Principal Place of Business
**5220 MINOLA RD
LITHONIA, GA 30038**

Mailing Address
**29 BRITISH AMERICAN BLVD
LATHAM, NY 12110**

50020510



2. Principal Place of Business

3. Mailing Address

clo M&A, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

29 British American Blvd.

02212005

Chg-P

CR2E034 (10/03)

City & State

City & State

Latham, New York

4. FEI Number

59-3466079

Applied For

Not Applicable

Zip

Country

Zip

12110

Country

USA

5. Certificate of Status Desired - ☐ **\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ALLEN, ROBERT C**
STREET ADDRESS **29 BRITISH AMERICAN BLVD**
CITY-ST-ZIP **LATHAM, NY 12110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **LUCK, FREDERICK D**
STREET ADDRESS **29 BRITISH AMERICAN BLVD**
CITY-ST-ZIP **LATHAM, NY 12110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPS** ☒ Delete
NAME **MILLER, F. CLAYTON**
STREET ADDRESS **29 BRITISH AMERICAN BLVD**
CITY-ST-ZIP **LATHAM, NY 12110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GOTTSCHALK, GARY H**
STREET ADDRESS **29 BRITISH AMERICAN BLVD**
CITY-ST-ZIP **LATHAM, NY 12110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VANDERHOEF, JOHN L**
STREET ADDRESS **29 BRITISH AMERICAN BLVD**
CITY-ST-ZIP **LATHAM, NY 12110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James H. Allen CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05
Date

(518) 399-3616
Daytime Phone #