



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90193 049 \*\*\*150.00

<b>DOCUMENT # P97000099125</b> 1. Entity Name POLLIZZI AND FORENSKY ASSOCIATES, INC.					
Principal Place of Business 4054 BEAVER LANE SUITE 7 CHARLOTTE HARBOR, FL 33952			Mailing Address 4054 BEAVER LANE SUITE 7 CHARLOTTE HARBOR, FL 33952		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address P.O. Box 510626  Suite, Apt. #, etc.			
City & State Punta Gorda FL		City & State Punta Gorda FL		4. FEI Number 65-0805343	
Zip 33951		Country Charlotte		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  POLLIZZI, ANTHONY 4054 BEAVER LANE SUITE 7 CHARLOTTE HARBOR, FL 33952				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLIZZI, ANTHONY 4054 BEAVER LANE CHARLOTTE HARBOR, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 510626 Punta Gorda, FL 33951-0626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST FORENSKY, JAMES 4054 BEAVER LANE CHARLOTTE HARBOR, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 510626 Punta Gorda, FL 33951-0626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORENSKY, JAMES 4054 BEAVER LANE CHARLOTTE HARBOR, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 510626 Punta Gorda, FL 33951-0626
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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.					
<b>SIGNATURE:</b> <u>James Forensky</u> <b>James Forensky</b> 4-27-05 941-575-8227 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					