


Aug 17 05 12:50a Angelo P. Mastroiillo

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90050 004 \*\*\*150.00

<b>DOCUMENT # P98000026337</b>					
1. Entity Name <b>NAPLES CATTLE COMPANY, INC.</b>					
Principal Place of Business PO BOX 110114 NAPLES FL 34108			Mailing Address PO BOX 110114 NAPLES FL 34108		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3693701</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MASTROIILLO, ANGELO 26888 MCLAUGHLIN BLVD BONITA SPRINGS FL 34134</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when re-filing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$350.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
DPS MASTROIILLO, ANGELO 26788 MCLAUGHLIN BLVD BONITA SPRINGS FL 34134					
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Angelo P. Mastroiillo</u>				Date: <u>7-21-05</u> <u>238-498-0180</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Use true Name	

ATTACHMENT  
*Creative Accounting Solutions, Inc.*

223 Dolphin Cove Ct.  
Bonita Springs, FL 34134  
E-mail: creativeaccountingsolutions@yahoo.com

06026239

(239) 947-8099  
Fax (239) 949-4321  
(800) 444-8515

August 17, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Angelo P. Mastrorillo P.A..  
Naples Cattle Company Inc.  
Ref. Nos. P 96000007260 and P 98000026337  
P.O. Box 110114  
Naples, Florida 34108

Att: Annual Reports Section

Dear Sirs:

I am writing this letter at the direction of and on behalf of our referenced client whom is in receipt of the attached letters from your offices assessing a four hundred dollar penalty for the late filing of each of the annual report's for the referenced taxpayer's wholly owned S- Corporation's.

The taxpayer informed me, that he never received the initial notice's to renew the corporation's, and he only became aware that the corporation annual report's needed to be filed, when he received the postcard's that were entitled notice of dissolution.

We wish to request abatement of the penalties assessed at this time in lieu of not receiving the initial notice's on a timely basis.

Thank you for your kind attention to this matter.

Respectfully,

  
Roger L. Miller CPA

Aug 17 05 12:50a

Angelo P. Mastrorillo

239-498-0180

p. 4



ATTACHMENT

66026237

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 29, 2005

NAPLES CATTLE COMPANY, INC.  
PO BOX 110114  
NAPLES, FL 34108

Subject: NAPLES CATTLE COMPANY, INC.

Reference Number:

P98000026337

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sc

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314