

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000087659

1. Entity Name
OLD INTO NEW INC.



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90408 028 ***150.00

Principal Place of Business
5269 TIFFANY ANN CIRCLE
W PALM BCH, FL 33417

Mailing Address
5269 TIFFANY ANN CIRCLE
W PALM BCH, FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0880542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CRAMMER, EDWIN L
7491 W OAKLAN PARK BLVD SUITE 301
LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHIAVONE, MICHAEL
5269 TIFFANY ANN CIRCLE
W PALM BCH, FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DD
SCHIAVONE, Michael
1610 NE 17th Terrace
Ft. Lauderdale, FL 33305 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

14013923

098000087659

**Old Into New, Inc.
1610 N.E. 17th Terrace
Ft. Lauderdale, Fl 33305**

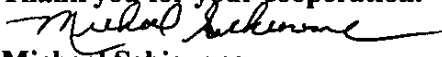
"For the Finest in Senior Hair Design"

To Whom It May Concern:

Enclosed you will find a copy of the 2005 Annual Report with my new address change and a check for \$150.00, check #1229.

I apologize for the lateness, my accountant did not change my address to my new residence so he just gave me the notice.

Thank you for your cooperation.


**Michael Schiavone
President**