

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90033 018 ***150.00

DOCUMENT # P99000102753

1. Entity Name

PULEO ASSOCIATES, INC.



Principal Place of Business

300 GOLF BROOK CIRCLE, #200
LONGWOOD FL 32779

Mailing Address

300 GOLF BROOK CIRCLE, #200
LONGWOOD FL 32779



2. Principal Place of Business - No P.O. Box #

529 S. LONGVIEW PLACE

3. Mailing Address

529 S. LONGVIEW PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

06-1579792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

McFARLANE, PETER A
409 S. LAKE AVENUE
LAKELAND FL 33801

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PULEO, DENNIS J
STREET ADDRESS 300 GOLF BROOK CIRCLE, #200
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Delete
NAME PULEO, JOANNA
STREET ADDRESS 300 GOLF BROOK CIRCLE, #200
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME PULEO, DENNIS J.
STREET ADDRESS 529 S. LONGVIEW PLACE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE D ☒ Change ☐ Addition
NAME PULEO, JOANNE A.
STREET ADDRESS 529 S. LONGVIEW PLACE
CITY-ST-ZIP LONGWOOD, FL 32779

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

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 119, 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:

Dennis J. Puleo (DENNIS J. PULEO) 2/22/08 4072217628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, no phone #