


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90027 017 ***150.00

| | | | | | |
|--|--|---------|---|--|---|
| DOCUMENT # V34820 1. Entity Name CAROL ANN VOLINI, P.A. | | | |  | |
| Principal Place of Business 44 SE 1ST AVE 303 OCALA FL 34471 US | | | Mailing Address 44 SE 1ST AVE 303 OCALA FL 34471 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3124708 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent VOLINI, CAROL A. 44 SE 1ST AVE SUITE 303 OCALA FL 34471 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 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 | PD VOLINI, CAROL ANN 8950 SE 88TH LN OCALA FL | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST VOLINI, CAROL ANN 8950 SE 88TH LN OCALA FL | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 19.07(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: <i>Carol A. Volini</i> | | | | Date 7-18-05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

ATTACHMENT

CAROL ANN VOLINI, P.A.

Attorney at Law
44 S.E. FIRST AVENUE
SUITE 303
OCALA, FLORIDA 34471
(352) 867-0016
Florida Bar No. 0934178

Admitted to United States District
Court Middle District of Florida

Certified Family Law Mediator #8264CF

July 18, 2005

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

RE: My annual report

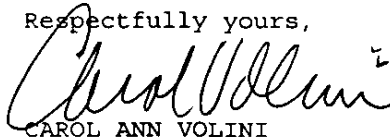
Dear Sirs:

I did not receive any notification of notice of the filing of my annual report for my corporation. Every year I am sent a form, I fill it out and pay my fee. This is the first time that I received nothing until I got notice I was late. I had no idea. I have never filed late in the past and I ask that you waive the late fee in this matter.

I am not computer literate and I cannot file things on line. I would appreciate it if my annual report form can be sent by mail to me for next year so this will not happen ever again. Please consider waiving the late fee in this matter.

Thank you for your time and trouble with respect hereto, I remain

Respectfully yours,


CAROL ANN VOLINI