

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V69062

FILED  
Feb 03, 2005  
Secretary of State

**Entity Name:** CHRIS M. SALAMONE & ASSOCIATES, P.A.

**Current Principal Place of Business:**

PO BOX 811266  
BOCA RATON, FL 33481 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 811266  
BOCA RATON, FL 33481 US

**New Mailing Address:**

**FEI Number:** 65-0359868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALAMONE, CHRIS M  
6109 BALBOA CIRCLE #301  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

SALAMONE, CHRIS M  
1405 ESTUARY TRAIL  
DELRAY BEACH, FL 33483 US

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.

**SIGNATURE:**

02/03/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SALAMONE, CHRIS M,  
Address: 6109 BALBOA CIRCLE #301  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SALAMONE, CHRIS M,  
Address: 1405 ESTUARY TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHRIS M. SALAMONE

MR

02/03/2005

Electronic Signature of Signing Officer or Director

Date