


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90002 047 ***550.00

DOCUMENT # P97000037151
 1. Entity Name
 HENRY D. PALOCI III, P.A.



Principal Place of Business Mailing Address
 30 HARDEE ST P.O. BOX 177
 LABELLE FL 33935 ESTERO FL 33928



2. Principal Place of Business 3. Mailing Address
 16120 San Carlos #5 Suite, Apt. #, etc. #5

1st MOORE CR2E034 (10/04)

City & State Ft Myers City & State
 Zip FL Country US Zip Country

4. FEI Number 65-0752675 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 33908
 SWARTZ, RICHARD J
 4146 GRANDCHAMP CIR
 PALM HARBOR FL 34685

7. Name and Address of New Registered Agent
 Name Henry D. Paloci III
 Street Address (P.O. Box Number is Not Acceptable)
 16120 San Carlos #5
 City Ft Myers FL Zip Code 33908

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 6/15/05

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOCI, HENRY D III P.O. BOX 177 ESTERO FL 33928 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: _____ Date 6/15/05 Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR