2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State
07-21-2004 90020 011 ***550.00

DOCUMENT # 510636

1. Entity Name
CACCIATORE BROS., INC.

Principal Place of Business	Mailing Address
2801 W DR M L K BLVD TAMPA, FL 33607 US 5610 Hanley Road Tampa, Florida 33634	2801 W DR M L K BLVD TAMPA, FL 33607 US 5610 Hanley Road Tampa, Florida 33634

DO NOT WRITE IN THIS SPACE

07142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1690552
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIP G. CACCIATORE
2801 W DR M L K BLVD
TAMPA, FL 33607
5610 Hanley Road
Tampa, Florida 33634

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CACCIATORE, PHILLIP G.
STREET ADDRESS	5610 HANLEY RD.
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	ST
NAME	CACCIATORE, NOREEN M.
STREET ADDRESS	5610 HANLEY RD.
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 7-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #