

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90008 034 \*\*\*150.00

**DOCUMENT # G19103**  
 1. Entity Name  
**F & R ENTERPRISES OF BRADENTON, INC.**



Principal Place of Business  
**3615 - 15TH STREET, EAST  
 BRADENTON FL 34208**

Mailing Address  
**519 - 51ST ST WEST  
 BRADENTON FL 34209**

04041666



MOORE CR2E034 (11/03)

2. Principal Place of Business  
**519-51<sup>st</sup> Street West**

3. Mailing Address  
**519-51<sup>st</sup> Street West**

Suite, Apt. #, etc.

City & State  
**Bradenton FL**

City & State  
**Bradenton FL**

Zip  
**34209**

Country  
**Manatee**

Zip  
**34209**

Country  
**Manatee**

4. FEI Number **59-2250283**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RUGGIERO, FRED F  
 5206 17TH AVE, W  
 BRADENTON FL 34209**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	VD	<input type="checkbox"/> Delete
NAME	RUGGIERO, ROBERT	
STREET ADDRESS	519 - 51ST ST., W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RUGGIERO, FRED F	
STREET ADDRESS	5206 17 AVE. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUGGIERO, ISABEL A.	
STREET ADDRESS	5206 17 AVE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RUGGIERO, CHRISTINE	
STREET ADDRESS	519 - 51ST ST. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert Ruggiero* **ROBERT RUGGIERO** **3/19/2004** (941) 794-1002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Decline Phone #