


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000009719 1. Entity Name GIAMMONA, INC.	
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Principal Place of Business 12088 93RD WAY N. LARGO FL 33773	Mailing Address 12088 93RD WAY N. LARGO FL 33773
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MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-2212813	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent GIAMMONA, NICHOLAS 12088 93RD WAY N. LARGO FL 33773	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Nicholas Giammona (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD GIAMMONA, NICHOLAS	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	12088 93RD WAY N.	NAME	
STREET ADDRESS	LARGO FL 33773	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	000000069826 03/01/04-80022-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Nicholas Giammona 2-19-04 727-439-6035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #