


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000099960 1. Entity Name GIACONE ENTERPRISES, INC.	
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Principal Place of Business 533 SOUTH HOWARD AVE UNIT 2 TAMPA, FL 33606	Mailing Address 1101 SHIPWATCH CIRCLE TAMPA, FL 33602
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE


4. FEI Number 59-3749657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIACONE, GLYNN B
1101 SHIPWATCH CIRCLE
TAMPA, FL 33602

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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:  GLYNN B. GIACONE DATE: 1/8/04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


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	P GIACONE, GLYNN B 1101 SHIPWATCH CIRCLE TAMPA, FL 33602
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01/13/04-80053-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  GLYNN B. GIACONE DATE: 1/8/04 (813) 250-1967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #