

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000033110

1. Entity Name
P. TESORI, INC.



FILED

04 JUN -7 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business
726 CYPRESS CROSSING TR.
SAINT AUGUSTINE, FL 32095

Mailing Address
726 CYPRESS CROSSING TR.
SAINT AUGUSTINE, FL 32095



05192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0461318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, TODD
7785 BAYMEADOWS WAY STE 107
JACKSONVILLE, FL 32256

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D
NAME	TESORI, ALBERT P III
STREET ADDRESS	1609 PARRISH PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	TESORI, JENNIFER S
STREET ADDRESS	1609 PARRISH PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800038426088
06/29/04 01059-017 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/04

Date

Daytime Phone #

2072



CERTIFIED PUBLIC
ACCOUNTANTS

May 19, 2004

Florida Division of Corporations
Tallahassee, Florida

Dear Sir or Madam:

I am submitting the uniform business report on behalf of P. Tesori, Inc. for the year 2004. Please be advised that the business owner did not receive the postcard sent to remind them to file their annual report. We discovered, during our annual tax preparation meeting held today, that the annual report had not been filed.

I am respectfully requesting on behalf of the business owner that the \$400 penalty be abated based upon the fact that the owner did not receive the postcard. We are submitting the report with the check for \$150. Thank you in advance for your cooperation in this matter.

On behalf of my client,


Benjamin L. Platt CPA, MBA

business & individual:

financial management consulting

income & estate planning

federal & state tax preparation

auditing & attestation services

accounting & compilation services

trust & not for profit services

tel. 904.460.0747

fax. 904.460.0947

email. info@kpacpa.com

www.kpacpa.com

1200 plantation island drive suite 230

saint augustine, florida 32080