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May 03, 2004 8:00 am
Secretary of State
05-03-2004 90751 027 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000053382

1. Entity Name
NICK S. RUGGIANO, INC.

54049774

Principal Place of Business	Mailing Address
1923 N. WICKHAM ROAD MELBOURNE, FL 32935	1923 N. WICKHAM ROAD MELBOURNE, FL 32935

2. Principal Place of Business	3. Mailing Address
2632 Aurora Rd	2632 Aurora Rd
Suite, Apt. #, etc. Unit P	Suite, Apt. #, etc. Unit P
City & State Melbourne FL	City & State Melbourne FL
Zip 32935 Country USA	Zip 32935 Country USA

04012004 Chg-P CR2E034 (10/03)

4. FEI Number 75-3115203 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUGGIANO, NICK S 1923 N. WICKHAM ROAD MELBOURNE, FL 32935	Name: Nick S. Ruggiano Street Address (P.O. Box Number is Not Acceptable): 2632 Aurora Rd Unit P City: Melbourne FL Zip Code: 32935

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] Pres. Nick S. Ruggiano, Reg. Agent 4/26/04
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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUGGIANO, NICK S 1923 N. WICKHAM ROAD MELBOURNE, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Ruggiano, Nick S. 125 A Citrus Blvd. Melbourne FL 32935 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Anderson Paul 293 S. 20th St. Cocoa Beach FL 32931 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Nick S. Ruggiano, Pres. 4/26/04 (321) 508-0185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #