


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000002858
 1. Entity Name
DIVACO, INC.



Principal Place of Business 455 S GULFVIEW BLVD CLEARWATER BEACH, FL 33767 US	Mailing Address 455 S GULFVIEW BLVD CLEARWATER BEACH, FL 34630
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06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3418486	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CONTI, CAMILLO
 455 S GULFVIEW BLVD
 CLEARWATER, FL 33767

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CONTI, CAMILLO 455 S GULFVIEW BLVD CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONTI, LIVIA 136 BAYSIDE DR CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONTI, DIANA 136 BAYSIDE DR CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONTI, VALERIA 136 BAYSIDE DR CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000164072
 07/07/04-80030-007 150.00

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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)(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: Camillo Conti CAMILLO CONTI Date: 6/30/04 (727) 446-6033 Daytime Phone #