

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000057846	
1. Entity Name DEGIORGIO CARPENTRY INC.	

Principal Place of Business 10907 MEADOWLARK COVE DR. FT. MYERS, FL 33908	Mailing Address 10907 MEADOWLARK COVE DR. FT. MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE

	
01262004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 65-0766326	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEGIORGIO, LISA G 10907 MEADOWLARK COVE DR. FT. MYERS, FL 33908	DO NOT WRITE IN THIS SPACE
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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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEGIORGIO, LISA G 10907 MEADOWLARK COVE DR FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEGIORGIO, JOHN 10907 MEADOWLARK COVE DR FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/28/04-80125-015 150.00

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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: *Lisa G. DeGiorgio* *Lisa G. DeGiorgio* 1-26-04 (239) 489-3623

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