


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90389 021 ***150.00

DOCUMENT # P98000066431	
1. Entity Name CORE SOLUTIONS, INC.	

Principal Place of Business 1347 CRIMSON CLOVER LANE WESLEY CHAPEL FL 33543	Mailing Address 1347 CRIMSON CLOVER LANE WESLEY CHAPEL FL 33543
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-3525268	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETRIZZO, MICHAEL P 1347 CRIMSON CLOVER LANE WESLEY CHAPEL FL 33543	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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
Make Check Payable to Florida Department of State

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIZZO, MICHAEL P	NAME	
STREET ADDRESS	1347 CRIMSON CLOVER LANE	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIZZO, PATRICIA A	NAME	
STREET ADDRESS	1347 CRIMSON CLOVER LANE	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Michael Petrizzo Michael P Petrizzo 4/17/04 305-799-7658

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