

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 203869	
1. Entity Name AZZARELLI DEVELOPMENT CORP	

Principal Place of Business 4356 W. RT. 17 PO BOX 767 KANKAKEE, IL 60901 US	Mailing Address 4356 W. RT. 17 PO BOX 767 KANKAKEE, IL 60901 US
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2434931	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AZZAVELL, SAMUEL J 161 BATH CLUB CR SAINT PETERSBURG, FL 33708
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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.

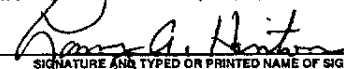
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U000000055950 02/18/04-80024-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP AZZARELLI, SAMUEL J 161 BATH CLUB CR SAINT PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AZZARELLI, BARTLE 7810 RIVERSHORE DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HINTON, LARRY A 2473 POTTERS TURN KANKARR, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  Larry A. Hinton	Date 2-18-04	Daytime Phone # 815-937-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		