

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 216969

1. Entity Name
FILIPPELLO BROTHERS, INC.



FILED
Feb 16, 2004 08:00 AM
Secretary of State

Principal Place of Business
P.O. BOX 11002
2801 E. HILLSBORO AVE.
TAMPA, FL 33680

Mailing Address
P.O. BOX 11002
2801 E. HILLSBORO AVE.
TAMPA, FL 33680



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0702739

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FILIPPELLO, PETER P
11719 CARROLLWOOD COVE DR
TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

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

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

TITLE	P
NAME	FILIPPELLO, PETER PAUL
STREET ADDRESS	11719 CARROLLWOOD COVE DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	VP
NAME	FILIPPELLO, MICHAEL L
STREET ADDRESS	11719 CARROLLWOOD COVE DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	ST
NAME	FILIPPELLO, FAYE L
STREET ADDRESS	11719 CARROLLWOOD COVE DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/04-80015-016 150.00

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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)(f), 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: *Peter P. Filippello* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter P. Filippello

Date

Daytime Phone #

2/13/04 (813) 716-1000