


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 334389 1. Entity Name EXECUTONE OF FLORIDA INC	
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Principal Place of Business 3025 E SOUTH ST ORLANDO, FL 32803-3496	Mailing Address 3025 E SOUTH ST ORLANDO, FL 32803-3496
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03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1143047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIANNONE, ROBERT
3025 E SOUTH STREET
ORLANDO, FL 32803-3496**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	CD GIANNONE, ARTHUR A 3025 E SOUTH ST ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GIANNONE, ROBERT 3025 E SOUTH ST ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENNIS, KENNETH T. 3025 EAST SOUTH STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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04/26/04-80065-016 150.00

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: Robert Giannone **3/31/04 407-898-3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #