

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 390397

1. Entity Name
401 NORTH FEDERAL HIGHWAY, INC.



Principal Place of Business
4635-4 CORONADO PKWY
CAPE CORAL, FL 33904

Mailing Address
4635-4 CORONADO PKWY
CAPE CORAL, FL 33904



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1365827

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEFENACCI, LOUIS J.
4635-4 CORONADO PKWY
CAPE CORAL, FL 33904

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000309877
04/16/05-80046-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | DP |
| NAME | STEFANACCI, LOUIS J. |
| STREET ADDRESS | 4635-4 CORONADO PKWY |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | S |
| NAME | STEFANACCI, ELAINE M. |
| STREET ADDRESS | 4635-4 CORONADO PKWY |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| 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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IN THIS SPACE**

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:

Louis J. Stefanacci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 945-2200
Date Daytime Phone #

CK# 9690