


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 448765**  
 1. Entity Name  
**E.P. GIULIANO CONSTRUCTION, INC.**



Principal Place of Business 100 E LINTON BLVD SUITE 408-B DELRAY BEACH, FL 33483-3343	Mailing Address 100 E LINTON BLVD SUITE 408-B DELRAY BEACH, FL 33483-3343
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**DO NOT WRITE IN THIS SPACE**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1521496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

GIULIANO (E.P.)  
 100 E LINTON BLVD  
 SUITE 408-B  
 DELRAY BEACH, FL 33483

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

U00000036837  
 02/06/04-80075-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIULIANO, ERMINIO 100 E LINTON BLVD SUITE 408B DELRAY BEACH, FL 334833343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIULIANO, CATHERINE 100 E LINTON BLVD STE 408B DELRAY BEACH, FL 334833343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIULIANO, PETER 100 E LINTON BLVD STE 408B DELRAY BEACH, FL 334833343
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 Catherine E. Giuliano CATHERINE GIULIANO 1/20/04 561-243-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if