2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 498287

1. Entity Name
SORRENTINO CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
2826 TAMIAMI TRAIL SUITE 2 PORT CHARLOTTE, FL 33952-5167 US	2826 TAMIAMI TRAIL SUITE 2 PORT CHARLOTTE, FL 33952-5167 US

DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
59-1737813	Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLE, CHARLES T
2315 AARON STRUT
P.O. BOX 2159
PORT CHARLOTTE, FL 33949-2159

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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

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	SORRENTINO, JOSEPH C.
STREET ADDRESS	4483 GILLEN ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	S
NAME	SORRENTINO, EVELYN
STREET ADDRESS	4483 GILLEN ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	VP
NAME	SORRENTINO, LOUIS A
STREET ADDRESS	10038 S.W. COUNTRY ROAD 769
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	T
NAME	SORRENTINO-VARGO, SUSAN
STREET ADDRESS	18125 PLACID AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000009842
01/20/04-80082-002 150.00

U00000008842
01/20/04-80082-003 8.75

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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: _____ pres 1-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #