

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90051 029 \*\*\*150.00

**DOCUMENT # 500041**

1. Entity Name  
**SANSONE CORPORATION**



Principal Place of Business  
**590 GOOLSBY BLVD  
DEERFIELD BEACH, FL 33442 US**

Mailing Address  
**590 GOOLSBY BLVD  
DEERFIELD BEACH, FL 33442 US**

**94015172**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1662481**

Applied For  
Not Applicable

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

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

**SANSONE, DAVID  
590 GOOLSBY BLVD  
DEERFIELD BEACH, FL 33442**

**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	SANSONE, DAVID
STREET ADDRESS	17181 GULF PINE CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	V
NAME	SANSONE, NICHOLAS
STREET ADDRESS	4341 NW 39 AVE
CITY-ST-ZIP	COCONUT CREEK, FL 33073 Port St Lucie, FL 34988
TITLE	V
NAME	SANSONE, SCOTT
STREET ADDRESS	4570 GLENWOOD DR
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	ST
NAME	SANSONE, BONNIE
STREET ADDRESS	691 NW 39 AVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/10/04* *8544288919*