

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 668278

1. Entity Name
WILLIAM T. DIPAOLO, INC.



Principal Place of Business
**3366 66TH STREET NORTH
C/O WILLIAM T. DIPAOLO
ST. PETERSBURG, FL 33710**

Mailing Address
**3366 66TH STREET NORTH
C/O WILLIAM T. DIPAOLO
ST. PETERSBURG, FL 33710**



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1994839 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DIPAOLO, WILLIAM T.
3366 66TH STREET NORTH
ST. PETERSBURG, FL**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

**000000152311
05/04/04-80081-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIPAOLO, WILLIAM T.
STREET ADDRESS 6220 30TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William T. DiPaolo **William T. DiPaolo** 05/04/2004 **727-344-68**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #