

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90019 039 \*\*\*150.00

**DOCUMENT # 825383**

1. Entity Name

FRANK MASCALI AND SONS, INC.



Principal Place of Business

411 RIVER BAY DRIVE  
TAMPA FL 33619

Mailing Address

411 RIVER BAY DRIVE  
TAMPA FL 33619

2. Principal Place of Business

2130 W. BRANDON BLVD

3. Mailing Address

2130 W. BRANDON BLVD

Suite, Apt. #, etc.

SUITE 202

Suite, Apt. #, etc.

SUITE 202

City & State

BRANDON, FL

City & State

BRANDON, FL

Zip

33511

Country

HILLSBOROUGH

Zip

33511

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

MASCALI, EDITH M  
7974 SAILBOAT KEY BLVD #804  
SOUTH PASADENA FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete  
NAME FAIRFIELD, DOLORES  
STREET ADDRESS 7974 SAILBOAT KEY BLVD  
CITY-ST-ZIP S PASADENA FL

TITLE P ☐ Delete  
NAME MASCALI, EDITH M  
STREET ADDRESS 7974 SAILBOAT KEY BLVD #804  
CITY-ST-ZIP S PASADENA FL

TITLE ST ☐ Delete  
NAME MASCALI, RICHARD  
STREET ADDRESS 97 STONEWALL CR  
CITY-ST-ZIP WEST HARRISON NY 10604

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Edith Mascali*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Daytime Phone #