


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005284
 1. Entity Name
JOHN CARETTI & CO.



Principal Place of Business Mailing Address
 7831 N. NAGLE AVE. 7831 N. NAGLE AVE.
 MORTON GROVE, IL 60053 MORTON GROVE, IL 60053

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 36-2358988 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	HELMER, PAUL K
STREET ADDRESS	7831 N. NAGLE AVE.
CITY-ST-ZIP	MORTON GROVE, IL 60053
TITLE	D
NAME	HELMER, MARY JANE
STREET ADDRESS	7831 N. NAGLE AVE.
CITY-ST-ZIP	MORTON GROVE, IL 60053
TITLE	CT
NAME	HELMER, PAUL J
STREET ADDRESS	7831 NORTH NAGLE AVENUE
CITY-ST-ZIP	MORTON GROVE, IL 60053
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: *Paul K. Helmer* PAUL K. HELMER APRIL 28, 2004 847-965-9201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #