

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004208

Entity Name: DECARLO & DOLL, INC.

FILED
Feb 24, 2004
Secretary of State

Current Principal Place of Business:

1600 SOUTH DIXIE HWY
SUITE 500
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1600 SOUTH DIXIE HWY
SUITE 500
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 06-1026918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECARLO, PETER M
1600 SOUTH DIXIE HWY
SUITE 500
BOCA RATON, FL 33432

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOLL, WILLIAM O
Address: 366 GREENHILL ROAD
City-St-Zip: MADISON, CT 06443

Title: DS () Delete
Name: DECARLO, PETER M
Address: 5400 NO. OCEAN DR. VILLA #1
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: DPT () Delete
Name: ROBERTS, RAYMOND M
Address: 165 NORTH STREET
City-St-Zip: WALLINGFORD, CT 06942

Title: V () Delete
Name: DEPINO, BARBARA
Address: 81 DODGE AVE.
City-St-Zip: EAST HAVEN, CT 06512

Title: V () Delete
Name: BURNS, PETER
Address: 2 PROSPECT ST.
City-St-Zip: ANSONIA, CT 06401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPT (X) Change () Addition
Name: ROBERTS, RAYMOND M
Address: 145 NORTH MAIN STREET
City-St-Zip: WALLINGFORD, CT 06942

Title: V (X) Change () Addition
Name: DEPINO, BARBARA
Address: 38 KNOX ROAD
City-St-Zip: LITCHFIELD, CT 06759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER M. DECARLO, JR.

DS

02/24/2004

Electronic Signature of Signing Officer or Director

Date