


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000003297

1. Entity Name 710 ENTERPRISES, INC.



Principal Place of Business: 710 TOWNSHIP LINE ROAD, ELKINS PARK PA 19027, US

Mailing Address: 710 TOWNSHIP LINE ROAD, ELKINS PARK PA 19027, US

2. Principal Place of Business: SEE ABOVE

3. Mailing Address: SEE ABOVE

Suite, Apt. #, etc.

City & State

Zip Country



4. FEI Number **23-2991847**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F ESQ.
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	MATTIA, ANGELO J	
STREET ADDRESS	710 TOWNSHIP LINE ROAD	
CITY-ST-ZIP	ELKINS PARK PA 19027	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATTIA, PASQUALE	
STREET ADDRESS	710 TOWNSHIP LINE ROAD	
CITY-ST-ZIP	ELKINS PARK PA 19087	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTIA, FRANCIS G	
STREET ADDRESS	710 TOWNSHIP LINE ROAD	
CITY-ST-ZIP	ELKINS PARK PA 19087	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTIA, ARTHUR J	
STREET ADDRESS	710 TOWNSHIP LINE ROAD	
CITY-ST-ZIP	ELKINS PARK PA 19087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 03/08/04-80072-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 fee empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____