

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90408 030 ***150.00

DOCUMENT # G42305

1. Entity Name

P, T-AND-F, INC.



Principal Place of Business

P. O. BOX 650754
VERO BEACH FL 32965

Mailing Address

P. O. BOX 650754
VERO BEACH FL 32965

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2294497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPOSITO, TONEY
4635 45TH STREET
VERO BEACH FL 32960

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	<input checked="" type="checkbox"/> Delete
NAME	ESPOSITO, DORA	
STREET ADDRESS	4635 45TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ESPOSITO, TONY	
STREET ADDRESS	4635 45TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESPOSITO, PATRICK	
STREET ADDRESS	4635 45TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	PATRICK ESPOSITO	
STREET ADDRESS	4635 45 ST VERO BEACH	
CITY-ST-ZIP	32960	
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	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORA ESPOSITO	
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 checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	PATRICK ESPOSITO	
CITY-ST-ZIP	4635 45 ST VERO BEACH, FL 32960	
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		

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: *Dora Esposito* DORA ESPOSITO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-05 772-562-2077
Date Daytime Phone #