


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr-05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> J01660	
<b>1. Entity Name</b> N. GERACI & CO., INC.	

<b>Principal Place of Business</b> 2702 WILSON CIRCLE LUTZ, FL 33548-4975 US	<b>Mailing Address</b> 2702 WILSON CIRCLE LUTZ, FL 33548-4975 US
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**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-2672219	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

LUND, JOHN E. ESQ.  
8TH FLOOR, TAMPA THEATRE BLDG.  
707 FRANKLIN STREET MALL  
TAMPA, FL 33602

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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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	VSD GERACI, ROY NICHOLAS 19301 SUNLAKE BLVD. LUTZ, FL 33558
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	PTD GERACI, PETER ADKINS 18114 GERACI RD LUTZ, FL 33548
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
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04/05/04-80047-021 150.00

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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:** Peter A. Geraci, President **3-30-04** **813-448-4111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #