


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # J23264	
1. Entity Name DEFALCO ADVERTISING, INCORPORATED	

Principal Place of Business 195 WEKIVA SPRINGS RD 100 LONGWOOD, FL 32779 US	Mailing Address 195 WEKIVA SPRINGS RD 100 LONGWOOD, FL 32779 US
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2694029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEFALCO, JAMES G 195 WEKIVA SPRINGS RD SUITE 100 LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000157530 05/06/04-80030-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DEFALCO, JAMES G. 195 WEKIVA SPRINGS RD, STE 100 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DEFALCO, JERRY 14 MELODY DR. COLONIAL, NJ
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVS DEFALCO, JAMES G. 195 WEKIVA SPRINGS RD, STE 100 LONGWOOD, FL
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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)(f), 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: 	4/30/04	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			