

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90251 005 ***150.00

DOCUMENT # J51584

1. Entity Name
DESTEFANO SECRETARIAL SERVICES, INC.



Principal Place of Business
15770 GLENWILLOW LANE
WEST PALM BEACH, FL 33414 US

Mailing Address *dd*
~~P.O. BOX 210733~~
~~ROYAL PALM BEACH, FL 33421 US~~

15770 Glen Willow Lane
Wellington, FL 33414



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2753762

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DESTEFANO, DANIEL
15770 GLEN WILLOW LANE
WELLINGTON, FL 33414

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DESTEFANO, DANIEL 15770 GLEN WILLOW LANE WEST PALMBEACH, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DESTEFANO, DEBORAH 15770 GLEN WILLOW LANE WEST PALM BEACH, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Daniel DeStefano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

Date

Daytime Phone #

4/27/04