

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR -5 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0115423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MERCURIO, THOMAS D.
2008 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

**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	PST MERCURIO, THOMAS DEAN 2008 OKEECHOBEE BLVD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCURIO, THOMAS DEAN 2008 OKEECHOBEE BLVD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERCURIO, PETER 2008 OKEECHOBEE BLVD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700032223157
04/09/04-01001-011 \$150.00

**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: Thomas D. Mercurio 3-24-04 561 686-8673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #