## 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # K94034 FRANK D'ALESSANDRO, INC. Principal Place of Business Mailing Address 4516 LONGBOAT LN 4516 LONGBOAT LN FORT MYERS, FL 33919 FORT MYERS, FL 33919 US No Chg-P 01062004 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent D'ALESSANDRO, FRANK R 4516 LONGBOAT LN FT MYERS, FL 33919

12. I hereby certify that the information supplied with this filling 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.

ND TYPED OR PRINTED NAME OF SIG

THILE NAME

STREET ADDRESS CITY-ST-ZIP

**FILED** Mar 22,<del>200</del>4 08:00 AM **Secretary of State** 

CR2E034 (10/03)

L	N ITIIS SPACI	<b>-</b>	4. FEI Number 65-0129669			Applied For Not Applicable	
			17: 17: 1	5. Certificate of	Status Desired	□ \$	8.75 Additional ee Required
	6. Name and Address of Current Regis	stered Agent	***	······································			
D'ALESSANDRO, FRANK R 4516 LONGBOAT LN FT MYERS, FL 33919			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registered of	ffice or regis	tered agent, or both,	in the State of Flor	ida. I am fa	niliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE Registered Age	ut signature requ	ired when roinstaling)	· · · · · · ·	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	, <u> </u>	5.00 May Be dded to Fees	***************************************		
10.	OFFICERS AND DIRE	CTORS		<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BERKELEY, MARGARET L 4516 LONGBOAT LANE FT MYERS, FL 33919			I	0000000 03/22/04-8	1938 <del>9</del> 2 30036-0	25 150.00
NAME STREET ADDRESS CITY-ST-ZIP							
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Title Name Street Address City-St-Zip				IN T	HIS SP	ACE	
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