

# **2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K94034

Entity Name: FRANK D'ALESSANDRO, INC.

**FILED**  
**Dec 27, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

4516 LONGBOAT LN  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

4516 LONGBOAT LN  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 65-0129669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

D'ALESSANDRO, FRANK R  
4516 LONGBOAT LN  
FT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BERKELEY, MARGARET L  
Address: 4516 LONGBOAT LANE  
City-St-Zip: FT MYERS, FL 33919

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: D'ALESSANDRO, FRANK VPD  
Address: 4516 LONGBOAT LANE  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK D'ALESSANDRO

VP

12/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date