


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01099</b>	
1. Entity Name FLORENCO ENTERPRISES, INC.	

Principal Place of Business 11937 ROSETREE TERRACE BOYNTON BEACH, FL 33437 US	Mailing Address 11937 ROSETREE TERRACE BOYNTON BEACH, FL 33437 US
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2959084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CARL & PATRICIA FLORENCO  
825 GOLF ISLAND DRIVE  
APOLLO BEACH, FL 33572

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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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORENCO, CARL 11937 ROSETREE TERRACE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FLORENCO, PATRICIA 11937 ROSETREE TERRACE BOYNTON BEACH, FL 33437
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11937 ROSETREE TERRACE  
BOYNTON BEACH, FL 33437

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:** Carl Florenco 4-7-04 561-738-6448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #