

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-02-2004 90004 011 ***150.00

DOCUMENT # L14391

1. Entity Name
CACIOPPO REALTY, INC.



Principal Place of Business
**1307 EAST NORMANDY
SUITE 2
DELTONA, FL 32725-8450**

Mailing Address
**1307 EAST NORMANDY
SUITE 2
DELTONA, FL 32725-8450**

66428130



DO NOT WRITE IN THIS SPACE

02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2967350

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORMOSO, VITA
1307 E. NORMANDY BLVD
DELTONA, FL 32725**

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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

Signature of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-25-04

**FILE NOW!!! FEE IS \$150.00
After May 4, 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

**FORMOSO, VITA
PO BOX 5009
DELTONA, FL 32728**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #