

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90410 036 ***150.00

DOCUMENT # L38714

1. Entity Name

JAMES A. DERISO, INC.



Principal Place of Business

1420 S. BANANA RIVER DR.
 MERRITT ISLAND FL 32952
 US

Mailing Address

1420 S. BANANA RIVER DR.
 MERRITT ISLAND FL 32952
 US

2. Principal Place of Business

1420 S. Banana River DR

Suite, Apt. #, etc.

3. Mailing Address

1420 S. Banana River DR

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Merritt Island FL

Zip

32952

Country

USA

City & State

Merritt Island FL

Zip

32952

Country

USA

4. FEI Number

59-2997059

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DERISO, JAMES A.
 1420 S BANANA RIVER DRIVE
 MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

DF

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004, Fee will be \$550.00
 Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
D	DERISO, JAMES A.	1420 S. BANANA RIVER DR.	MERRITT ISLAND FL 32952	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

3/25/04

Date

Daytime Phone #