

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90002 026 ***150.00

DOCUMENT # M84150

1. Entity Name
DIMUCCI BUILDING CORPORATION OF FLORIDA, INC.



Principal Place of Business
**285 WEST DUNDEE ROAD
PALATINE, IL 60074 US**

Mailing Address
**C/O NEAL GERBER & EISENBERG
SUITE 2100
CHICAGO, IL 60602 US**

54064708



2. Principal Place of Business

3. Mailing Address

285 West Dundee

07152004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatine IL

4. FEI Number
36-3585756

Applied For
Not Applicable

Zip

Country

Zip

Country

60074 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE SERVICE COMPANY
1201 HAYES ST.
TALLAHASSEE, FL 32301**

Name

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

City

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DPTS	DIMUCCI, ANTHONY P	285 WEST DUNDEE ROAD	PALATINE, IL 60074	<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"/>
				<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

Date

Daytime Phone #