2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N00486

1. Entity Name
THE MASTROGIACOMO DUO, INC.

Principal Place of Business	Mailing Address
2809 ST. LEONARD DRIVE TALLAHASSEE, FL 32312	2809 ST. LEONARD DRIVE TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2351513

☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

MASTROGIACOMO, LEONARD
2809 ST. LEONARD DRIVE
TALLAHASSEE, FL 32312

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MASTROGIACOMO, LEONARD
STREET ADDRESS	2809 ST LEONARD DR
CITY ST ZIP	TALLAHASSEE, FL
TITLE	D
NAME	MASTROGIACOMO, NORMA
STREET ADDRESS	2809 ST. LEONARD DR.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	FLEET, IRVING
STREET ADDRESS	1575 HICKORY AVE
CITY ST ZIP	TALLAHASSEE, FL
TITLE	D
NAME	GLIDDEN, ROBERT
STREET ADDRESS	6759 CIRCLE J
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	DST
NAME	KELLEY, CLAIRE
STREET ADDRESS	3203 ENTERPRISE DR
CITY ST ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80066-020 61.25

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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 617, 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.

Leonard Mastrogiacomo

SIGNATURE: Leonard Mastrogiacomo 1/16/04 850-386-8730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #