

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000002515**



1. Entity Name  
**TELESCA ENTERPRISES, INC.**

Principal Place of Business  
**20 SE 5TH AVE  
DELRAY BEACH, FL 33483**

Mailing Address  
**5540 NW 76TH PLACE  
POMPANO BEACH, FL 33073**

**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0975471**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TELESCA, ROCCO  
5540 NW 76TH PLACE  
POMPANO BEACH, FL 33073**

**DO NOT WRITE  
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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000728853  
05/02/07-20015-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELESCA, ROCCO 5540 NW 76TH PLACE POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TELESCA, ROBERT 5540 NW 76 PL POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TELESCA, THOMAS 5540 NW 76 PL POMPANO BEACH, FL 33073
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 exemptions contained in Chapter 119, 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:** *Robert Telesca* - **ROBERT TELESKA** 4-19-07-561-715-7622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #