

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018587

FILED  
Feb 20, 2004  
Secretary of State

Entity Name: AGOSTINO'S DESIGN GROUP, INC.

## Current Principal Place of Business:

3066 N. TAMIMAI TRAIL  
STE #201  
NAPLES, FL 34103

## New Principal Place of Business:

## Current Mailing Address:

3078 N. TAMIAMI TRAIL  
200  
NAPLES, FL 34103

## New Mailing Address:

FEI Number: 59-3692377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKER, LARRY  
3078 N. TAMIAMI TRAIL  
200  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

SCIACQUA, GUS  
3078 N. TAMIAMI TRAIL  
NAPLES, FL 34103 US

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.

SIGNATURE: GUS SCIACQUA

02/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCIACQUA, GUS  
Address: 4000 N GULF SHORE BLVD  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: SCIACQUA, PHILIP  
Address: 4000 N GULF SHORE BLVD  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: SCIACQUA, DAVID  
Address: 276 BEAUTEAU  
City-St-Zip: LAKE ZURICH, IL 60047

Title: D ( ) Delete  
Name: DREMAN, JOHN  
Address: 1074 BRIARWOOD BLVD  
City-St-Zip: NAPLES, FL 34104

Title: V ( ) Delete  
Name: BENANTI, JEAN  
Address: 152 LADY PALM DR  
City-St-Zip: NAPLES, FL 34104

Title: STD ( ) Delete  
Name: MATHEWS, KIT  
Address: 1074 BRIARWOOD BLVD.  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SCIACQUA, GUS  
Address: 236 HICKORY RD.  
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change ( ) Addition  
Name: SCIACQUA, PHILIP  
Address: 136 HICKORY RD.  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUS SCIACQUA

PRES

02/20/2004

Electronic Signature of Signing Officer or Director

Date