

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90034 047 ***150.00

DOCUMENT # P00000039952					
1. Entity Name J. TARABOCCHIA ENTERPRISES, INC.					
Principal Place of Business ROSIES GOURMET DELI 506 2519 McMULLEN BOOTH ROAD CLEARWATER, FL 33761			Mailing Address 2216 TULIP TREE LANE CLEARWATER, FL 33763		
2. Principal Place of Business J. TARABOCCHIA ENTERPRISES INC Suite, Apt. #, etc. P.O. BOX 16642		3. Mailing Address P.O. BOX 16642 Suite, Apt. #, etc.			
4. FEI Number 59-3641874		04162004 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent TARABOCCHIA, JOHN 266 KATHERINE BLVD., #7211 PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name: TARABOCCHIA, JOHN Street Address (P.O. Box Number is Not Acceptable): 2216 TULIP TREE LN City: CLEARWATER FL Zip Code: 33763			
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: <u>John Tarabocchia</u> PRESIDENT DATE: <u>APRIL 16, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARABOCCHIA, JOHN 266 KATHERINE BLVD., #7211 PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARABOCCHIA, JOHN 2216 TULIP TREE LN CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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
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: <u>John Tarabocchia</u> <u>JOHN</u> <u>TARABOCCHIA</u> <u>4-16-2004</u> <u>727-415-2424</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					