

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000010211**  
 1. Entity Name  
**GIANNONE SIGNS, INC.**



Principal Place of Business  
 1513 SE 3RD ST.  
 POMPANO, FL 33060

Mailing Address  
 1513 SE 3RD ST.  
 POMPANO, FL 33060



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1075859**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 GIUNTA, PATRICK B  
 2189 SE 9TH ST.  
 POMPANO BEACH, FL 33062

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SARAFUGLU, NANCY GIANNONE
STREET ADDRESS	1513 SE 3RD ST.
CITY - ST - ZIP	POMPANO BEACH, FL 33060
TITLE	V
NAME	SARAFUGLU, CONSTANTINE
STREET ADDRESS	1513 SE 3RD ST.
CITY - ST - ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000118286  
 04/19/04-80054-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **4-14-04** **954-943-1673**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #