


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90007 032 ***150.00

DOCUMENT # P01000010405 1. Entity Name S. SCHETTINO, INC.					
Principal Place of Business 1344 W. COLONIAL DRIVE STE 1 ORLANDO, FL 32804			Mailing Address 1344 W. COLONIAL DRIVE STE 1 ORLANDO, FL 32804		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1622 SWANN AVE. Suite, Apt. #, etc.			
City & State 		City & State ORLANDO, FL		4. FEI Number 59-3693068	
Zip 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHETTINO, STEPHEN 1622 SWANN AVE ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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><i>Stephen Schettino</i></u> S.S. DATE <u>2-3-04</u> <small>(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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete SCHETTINO, STEPHEN 1622 SWANN AVE ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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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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><i>Stephen Schettino</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-3-04</u> Daytime Phone # <u>407-948-4753</u>		