


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90148 034 ***150.00

DOCUMENT # P01000039320		
1. Entity Name CANCIO COMPANY, INC.		

Principal Place of Business 7900 BRIDGE ROAD 5 HOBE SOUND FL 33475	Mailing Address P. O. BOX 8412 HOBE SOUND FL 33475
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2. Principal Place of Business 8955 SE PLATO TER. Suite, Apt. #, etc. Room #1	3. Mailing Address Suite, Apt. #, etc.
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City & State HOBE SOUND FL	City & State	4. FEI Number 65-1095066	Applied For Not Applicable
Zip 33455	Country USA	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent DEETS, BARRY M ESQ. 7000 SE FEDERAL HWY., SUITE 310 STUART FL 34997		7. Name and Address of New Registered Agent Name JOSE R. CANCIO Street Address (P.O. Box Number is Not Acceptable) 3445 SUNSET TRACE CIRCLE City PALM CITY FL Zip Code 33940	
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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 Jose R Cancio DATE 4/26/2005
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST CANCIO, JOSE P. O. BOX 8412 HOBE SOUND FL 33475 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Jose R Cancio DATE 4/26/2005 DAYTIME PHONE # 772-546-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR