

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000041937

1. Entity Name
ACITO, INC.



Principal Place of Business
**5215 OLD GALLOWAYS WAY
NAPLES, FL 34105**

Mailing Address
**5215 OLD GALLOWAYS WAY
NAPLES, FL 34105**



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3717035

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**D'AGOSTINO, LOUIS D
821 5TH AVE. SOUTH, SUITE 201
NAPLES, FL 34102**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

U00000158856

05/10/04-80007-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRICO, GENE IG, INC., 4877 LAKE CECILE DR. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUONCERVELLO, SONY PO BOX 470127 (A.M. BUONCERVELLO TRUST) KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D'AGOSTINO, FRANK 5215 OLD GALLOWAYS WAY NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank D'Agostino

4/30/04

Date

239-403-4070

Daytime Phone #