

2004 FORM 1000000 CORPORATION
ANNUAL REPORT

DOCUMENT # P01000089178

1. Entity Name
PAGE HOLDINGS, INC.



FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90022 021 ***150.00

Principal Place of Business **251 NE 2ND AVE** Mailing Address **251 NE 2ND AVE**
116 VIA D'ESTE SUITE 406 **116 VIA D'ESTE SUITE 406**
DELRAY BEACH, FL 33445 **DELRAY BEACH, FL 33445**
33444



DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1137426** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GERVASIO, PAT
116 VIA D'ESTE **251 NE 2ND AVE**
SUITE 406
DELRAY BEACH, FL 33445
33444

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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

Pasquale Gervasio

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D
NAME	GERVASIO, PASQUALE
STREET ADDRESS	116 VIA D'ESTE SUITE 406
CITY- ST- ZIP	DELRAY BEACH, FL 33445
TITLE	251 NE 2ND AVE
NAME	DeLray Beach, FL 33444
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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:

Pasquale Gervasio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 **361-676-7219**

Date

Daytime Phone #