


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90072 007 ***158.75

DOCUMENT # P01000092842	
1. Entity Name JOHN AGNELLI CONSTRUCTION, INC.	

Principal Place of Business 7705 18TH AVE W P-4 BRADENTON, FL 34209	Mailing Address 7316 MANATEE AVE W #208 268 BRADENTON, FL 34209
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>7316 Manatee Ave W</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Box 268</i>
City & State	City & State <i>Bradenton FL</i>
Zip	Zip <i>34209</i>
Country	Country <i>Manatee</i>

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1133193

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

8. Name and Address of Current Registered Agent

**IZZO, JOHN P
180 NO. INDIANA AVE
ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent

Name *N/A*

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGNELLI, JOHN 7705 18TH AVE W BRADENTON, FL 34209 <input type="checkbox"/> Delete	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: *John Agnelli* **1/6/04** **941-795-7778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #