

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-30-2004 90387 022 ***150.00
FILED P01000103191

DOCUMENT # P01000103191

1. Entity Name
J. COSTELLO, INC.



04 JUN -2 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5520 HAYDEL BLVD.
SARASOTA, FL 34232

Mailing Address
5520 HAYDEL BLVD.
SARASOTA, FL 34232

04-30-04 90387 022



2. Principal Place of Business

1400 1ST AVE W

3. Mailing Address

1400 1ST AVE W

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

02022004

Chg-P

CR2E034 (10/03)

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

03-0405051

Applied For

Not Applicable

Zip

34205

Country

U.S.

Zip

34205

Country

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTELLO, JIM
1684 UNIVERSITY PKWY #384
SARASOTA, FL 34243

7. Name and Address of New Registered Agent

Name ROBERT J. COSTELLO
Street Address (P.O. Box Number is Not Acceptable)
1400 1ST AVE W
#106
City BRADENTON FL Zip Code 34205

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 re-appointing)

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 P
NAME COSTELLO, ROBERT J
STREET ADDRESS 5520 HAYDEN BLVD.
CITY-ST-ZIP SARASOTA, FL 34237

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME COSTELLO ROBERT J
STREET ADDRESS 1400 1ST AVE W #106
CITY-ST-ZIP BRADENTON FL 34205

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: Robert J Costello ROBERT J COSTELLO 4/26/4 941-350-9613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #