

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91010 011 ***150.00

DOCUMENT # P01000120397

1. Entity Name
CERESOLI & SONS, INC.



Principal Place of Business
7835 BLOOMFIELD DR
PORT RICHEY, FL 34668-4100

Mailing Address
10012 CASEY DRIVE
NEW PORT RICHEY, FL 34654

94081143



2. Principal Place of Business
10012 CASEY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State
NEW PORT RICHEY FL

City & State

4. FEI Number
01-0548794

Applied For

Not Applicable

Zip
34654

Country
PASCO

Zip

Country

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

6. Name and Address of Current Registered Agent

CERESOLI, FRANK P
7835 BLOOMFIELD DR
PORT RICHEY, FL 34668-4100

7. Name and Address of New Registered Agent

Name
CERESOLI, FRANK P
Street Address (P.O. Box Number is Not Acceptable)
10012 CASEY DRIVE

City **NEW PORT RICHEY** FL Zip Code **34654**

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 *Frank P. Ceresoli*
Signature, typed or printed name of registered agent and title if applicable.

FRANK P. CERESOLI

4/29/04

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
CERESOLI, FRANK P
7835 BLOOMFIELD DR
PORT RICHEY, FL 346684100 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
CERESOLI, FRANK P JR
7835 BLOOMFIELD DR
PORT RICHEY, FL 346684100 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
CERESOLI, ROBERT
7835 BLOOMFIELD DR
PORT RICHEY, FL 346684100 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CERESOLI, FRANK P ☒ Change ☐ Addition
10012 CASEY DRIVE
NEW PORT RICHEY FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CERESOLI, FRANK P JR. ☒ Change ☐ Addition
10012 CASEY DRIVE
NEW PORT RICHEY FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BELL, ROBIN ☐ Change ☒ Addition
5407 VAN DOREN AVE
NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Frank P. Ceresoli **FRANK P. CERESOLI**

4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #