


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-09-2004 90034 009 ***150.00

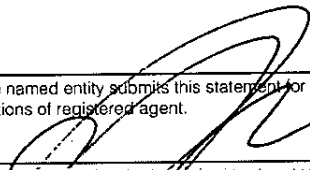
DOCUMENT # P01000122329		
1. Entity Name TERENZIO ENTERPRISES, INC.		

Principal Place of Business 2981 W.S.R. 434, STE 100 LONGWOOD, FL 32779 US	Mailing Address 2981 W.S.R. 434, STE 100 LONGWOOD, FL 32779 US
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2. Principal Place of Business 127 W Church Ave Suite, Apt. #, etc.	3. Mailing Address 127 W Church Ave Suite, Apt. #, etc.
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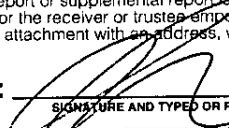
City & State CONROVERO FLORIDA	City & State CONROVERO FLORIDA
Zip 32750	Zip 32750
Country US	Country US

6. Name and Address of Current Registered Agent TERENZIO, ROBERT T 2981 W.S.R. 434, STE 100 LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name: TERENZIO ROBERT T Street Address (P.O. Box Number is Not Acceptable) 127 W Church Ave City: CONROVERO FL Zip Code: 32750	
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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 	ROBERT T. TERENZIO President 2/6/04 (NOTE: Registered Agent signature required when reinstating)

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	PTSD TERENZIO, ROBERT T 2981 W.S.R. 434, STE 100 LONGWOOD, FL 32779 <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: 	ROBERT T. TERENZIO President 2/6/04 Date Daytime Phone #