

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

8/30/2004-90010-030-\$150.00-\$150.00  
FILED

04 SEP 27 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08222004 Chg-P CR2E034 (10/03)

**DOCUMENT # P02000010733**  
1. Entity Name  
**DIGIOVANNI INDUSTRIES, INC.**



Principal Place of Business  
**120 SHORELAND DRIVE  
OSPREY, FL 34229**

Mailing Address  
**120 SHORELAND DRIVE  
OSPREY, FL 34229**

2. Principal Place of Business  
**120 Shoreland Drive**

3. Mailing Address  
**120 Shoreland Drive**

Suite, Apt. #, etc.

City & State  
**Osprey, Florida**

City & State  
**Osprey, Florida**

Zip  
**34229-9647**

Country

4. FEI Number  
**01-0598191**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LANGDON, ALLEN E  
125 FIRST AVENUE  
NOKOMIS, FL 34275**

7. Name and Address of New Registered Agent  
Name **Allen E. Langdon, Ph.D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**125 First Avenue**  
City **Nokomis** FL **34275-4242**

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 *Allen E. Langdon* **August 20, 2004**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DIGIOVANNI, KENT R 120 SHORELAND DRIVE OSPREY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T DiGiovanni, Kent R. 120 Shoreland Drive Osprey, FL 34229-9647 <input checked="" 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: *[Signature]* **August 20, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #