


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90123 025 \*\*\*150.00

**DOCUMENT # P02000010733**

1. Entity Name  
**DIGIOVANNI INDUSTRIES, INC.**



Principal Place of Business      Mailing Address  
**120 SHORELAND DRIVE**      **120 SHORELAND DRIVE**  
**OSPREY, FL 34229-9647**      **OSPREY, FL 34229-9647**

*Handwritten:* 40080476



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04212005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**01-0598191**      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)

**5059 Indian Mound Street**

City      **Sarasota**      FL      **34232-2661**

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*      **April 21, 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: *X Kent R. Digiovanni - President*      **April 21, 2005**      **941 232 0415**

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