2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000020413

1. Entity Name
E & A FANO, INC.

Principal Place of Business	Mailing Address
31 E MAGOLIA AVE	31 E MAGOLIA AVE
EUSTIS, FL 32726	EUSTIS, FL 32726

DO NOT WRITE IN THIS SPACE

01122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
43-1952159	Not Applicable

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

6. Name and Address of Current Registered Agent

FANO, ANITA
31 E MAGOLIA AVE
EUSTIS, FL 32726

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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 _____   1-22-04
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstalling)   DATE

| **FILE NOW!!! FEE IS $150.00** | 9. Election Campaign Financing | **$5.00** May Be |
| **After May 1, 2004 Fee will be $550.00** | Trust Fund Contribution. ☐ | Added to Fees |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	FANO, EMANUELE
STREET ADDRESS	31 E MAGNOLIA AVE
CITY-ST-ZIP	EUSTIS, FL 32726

TITLE	D
NAME	FANO, ANITA
STREET ADDRESS	31 E MAGNOLIA AVE
CITY-ST-ZIP	EUSTIS, FL 32726

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000012241
01/26/04-80001-018 150.00

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IN THIS SPACE

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: _____   1-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #