


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90417 024 \*\*\*150.00

**DOCUMENT # P02000057959**

1. Entity Name  
**GENE GARRITANO INC.**



Principal Place of Business: **POST OFFICE BOX 134 JENSEN BEACH FL 34958**

Mailing Address: **POST OFFICE BOX 134 JENSEN BEACH FL 34958**

2. Principal Place of Business: **Gene Garritano Inc PO Box 1541 Palm City, FL 34991**

3. Mailing Address: **Gene Garritano Inc PO Box 1541 Palm City, FL 34991**

4. FEI Number: **03-0466100**

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent:  
**GARRITANO, GENE  
 103 SAINT LUCIE LANE  
 STUART FL 34994**

7. Name and Address of New Registered Agent:  
 Name: **Gene Garritano**  
 Street Address (P.O. Box Number is Not Acceptable): **708 S.W. Imperial Dr.**  
 City: **Palm City** FL Zip Code: **34990**

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: *Gene Garritano* PRES. **Gene Garritano** DATE: **4/1/04**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>GARRITANO, GENE</b>	
STREET ADDRESS: <b>POST OFFICE BOX 134</b>	
CITY-ST-ZIP: <b>JENSEN BEACH FL 34958</b>	
TITLE: <b></b>	<input type="checkbox"/> Delete
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Delete
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Delete
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>Gene Garritano</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PO Box 1541</b>	<b>address</b>
STREET ADDRESS: <b>Palm City, FL 34991</b>	
CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	

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: *Gene Garritano* **Gene Garritano** DATE: **4/1/04** DAYTIME PHONE #: **772-215-0098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR