


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 - 08:00 AM
Secretary of State

DOCUMENT # P02000076393	
1. Entity Name A.J. BRUNO'S INC.	

Principal Place of Business 117 E. MERRITT AVENUE #A12 MERRITT ISLAND, FL 32953	Mailing Address 117 E. MERRITT AVENUE #A12 MERRITT ISLAND, FL 32953
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3053271	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent O'BRIEN, JOHN B JR. 117 E. MERRITT AVENUE #A12 MERRITT ISLAND, FL 32953

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IN THIS SPACE**

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 John B. O'Brien Jr. V.L. DATE 4/30/04
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**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'BRIEN, ANNA M 8657 MIZELL DR. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'BRIEN, JOHN B JR. 8657 MIZELL DRIVE MELBOURNE, FL 32940
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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: Anna M. O'Brien Anna M O'Brien 4/29/04 321 453-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #