

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000082351

1. Entity Name
NEW VENTURE FISHING, INC.



Principal Place of Business
1860 TANGLEWOOD DRIVE NORTHEAST
ST PETERSBURG, FL 33702

Mailing Address
1860 TANGLEWOOD DRIVE NORTHEAST
ST PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2077675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

INGRANDE, LEONARD J
1799 TANGLEWOOD DR. NE
ST PETERSBURG, FL 33702

**DO NOT WRITE
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

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, 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	D
NAME	INGRANDE, LEONARD J
STREET ADDRESS	1799 TANGLEWOOD DR. NE
CITY - ST - ZIP	ST PETERSBURG, FL 33702
TITLE	D
NAME	INGRANDE, SALVATORE J
STREET ADDRESS	2153 TANGLEWOOD WAY NE
CITY - ST - ZIP	ST PETERSBURG, FL 33702
TITLE	D
NAME	INGRANDE, CHRISTOPHER J
STREET ADDRESS	1367 51 AVE. NE
CITY - ST - ZIP	SAINT PETERSBURG, FL 33703
TITLE	D
NAME	MAIOLO, DIANE I
STREET ADDRESS	1860 TANGLEWOOD DRIVE NORTHEAST
CITY - ST - ZIP	ST PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/03/04-80038-010 150.00

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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:

Diane Maiolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04 (727)522-6183
Date Daytime Phone #