

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90464 004 \*\*\*150.00

**DOCUMENT # P02000102763**

1. Entity Name  
**PER BACCO INC**



Principal Place of Business  
**5215 OLD GALLOWS WAY  
NAPLES, FL 34105**

Mailing Address  
**5215 OLD GALLOWS WAY  
NAPLES, FL 34105**

**24074047**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. ECI Number

**80-0058395**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'AGOSTINO, LOUIS D  
821 FIFTH AVE SOUTH STE 201  
NAPLES, FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00  
Due by September 8, 2004**

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

**C**  
**D'AGOSTINO, FRANK**  
**5215 OLD GALLOWS WAY**  
**NAPLES, FL 34105**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**D'AGOSTINO, DOMENIC**  
**5215 OLD GALLOWS WAY**  
**NAPLES, FL 34105**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP**  
**D'AGOSTINO, JOHN**  
**7834 GARDNER DR., #201**  
**NAPLES, FL 34109**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T**  
**D'AGOSTINO, MARIO**  
**750 MOORINGLINE DR #206**  
**NAPLES, FL 34102**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S**  
**D'AGOSTINO, ANNE**  
**5215 OLD GALLOWS WAY**  
**NAPLES, FL 34105**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**539 Rudder Rd**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:**

*Anne D'Agostino*  
**Anne D'Agostino**

**4/30/04**

Date

**2394034070**

Daytime Phone #