

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90039 001 ***150.00

DOCUMENT # P02000113636

1. Entity Name
SALONE CORP



Principal Place of Business
**23388 MEADER AVENUE
PORT CHARLOTTE, FL 33980 US**

Mailing Address
**P.O. BOX 495548
PORT CHARLOTTE, FL 33949-554 US**

34014200

2. Principal Place of Business
**Chipman
21491 Chipman Ave**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Suite, Apt. #, etc.

Zip
33980

Country
US



01272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**SALONE, PHILIP C
23388 MEADER AVENUE
PORT CHARLOTTE, FL 33980**

4. FEI Number
54-2080851

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Paul J. Salone

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 **Paul J. Salone** DATE **1/28/04**

Street Address (P.O. Box Number is Not Acceptable)
21491 Chipman Ave

City **Port Charlotte** FL Zip Code **33980**

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 SALONE, PAUL J 21491 CHIPMAN AVENUE PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALONE, PHILIP C 23388 MEADER AVENUE PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Salone, Paul J. 21491 Chipman Ave Port Charlotte, FL 33954 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/D Cate, James 2380 Aqueduct Dr Punta Gorda, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Paul J. Salone** DATE **1/28/04** (941) 815-7305