



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000118472 1. Entity Name AN-TON-ET CORP.	
---	---

Principal Place of Business 280 S WILSON AVE BARTOW, FL 33830	Mailing Address 280 S WILSON AVE BARTOW, FL 33830
---	---

DO NOT WRITE IN THIS SPACE

	
02202004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 02-0651210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TERESI, VIVIAN 280 S WILSON AVE BARTOW, FL 33830

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000088552 03/15/04-80055-014 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TERESI, VIVIAN 280 S WILSON AVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FUSSELL, ANNETTE 280 S WILSON AVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RD RUIZ, ANGELA 280 S WILSON AVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TERESI, ANTHONY 280 S WILSON AVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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)(c), 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: 	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	_____ <small>Date</small>	_____ <small>Daytime Phone #</small>
---	--	------------------------------	---