


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90074 028 \*\*\*163.75

**DOCUMENT # P03000015697**

1. Entity Name  
**PERRONE AND SONS, INC.**



Principal Place of Business      Mailing Address

1019 BRANDON CIR.      1019 BRANDON CIR.  
 ORLANDO, FL 32836      ORLANDO, FL 32836

2. Principal Place of Business      3. Mailing Address

*10197 BRANDON CR*      *10197 BRANDON CR*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*ORLANDO FLORIDA*      *ORLANDO FL*

Zip      Country      Zip      Country

*32836*      *ORANGE*      *32836*      *ORANGE*



01282004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

*810602575*      Not Applicable

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

6. Name and Address of Current Registered Agent

**PERRONE, FRANCESCO**  
 1019 BRANDON CIR.  
 ORLANDO, FL 32836

7. Name and Address of New Registered Agent

Name: *PERRONE FRANCESCO*

Street Address (P.O. Box Number is Not Acceptable): *10197*

City: *BRANDON CR.*      State: **FL**      Zip: *32836*

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: *Francesco Perrone*      DATE: *1-28-04*

Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when re-registering)

**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	PTD	<input type="checkbox"/> Delete
NAME	PERRONE, FRANCESCO	
STREET ADDRESS	10197 BRANDON CIR	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERRONE, VINCENZO II	
STREET ADDRESS	10197 BRANDON CIR	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERRONE, DAWN	
STREET ADDRESS	10197 BRANDON CIR	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Francesco Perrone*      *President 1-28-04 4073538872*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #