

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90722 046 ***150.00

DOCUMENT # P03000022547

1. Entity Name
SCIANNO INTERNATIONAL CORP



Principal Place of Business
208 CLEMATIS ST STE 502
W PALM BEACH, FL 33401

Mailing Address
208 CLEMATIS ST STE 502
W PALM BEACH, FL 33401

94080405



2. Principal Place of Business

312 S. Dixie Hwy

3. Mailing Address

312 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-P

CR2E034 (10/03)

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH FL

4. FEI Number

65-1176033

Applied For

Not Applicable

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCIANNO, JAMES D
208 CLEMATIS ST STE 502
W PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

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

312 S. Dixie Hwy

City

West Palm Beach

FL

Zip Code

33401

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

4/21/04

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 ☐ Delete
NAME SCIANNO, JAMES D
STREET ADDRESS 208 CLEMATIS ST STE 502
CITY-ST-ZIP W PALM BEACH, FL 33401

TITLE D ☐ Delete
NAME MCDONALD, KRISTIE
STREET ADDRESS 208 CLEMATIS ST STE 502
CITY-ST-ZIP W PALM BEACH, FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE NAME ☒ Change ☐ Addition
NAME JAMES D. SCIANNO
STREET ADDRESS 312 S. Dixie Hwy
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE NAME ☒ Change ☐ Addition
NAME KRISTIE MCDONALD
STREET ADDRESS 312 S. Dixie Hwy
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/04