## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

- 4

## FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P03000039028  1. Entity Name ED CAFONE INTERIOR & EXTERIOR, INC.									04-30-200	902	227 0	35 ***1:	58.75
Principal Place of Business 3493 BALBOA CIR E NAPLES, FL 34105				Mailing Address 3493 BALBOA CIR E NAPLES, FL 34105						711			11 <b>111</b> 11111111
2. Principal Place of Business				3. Mailing Address								-	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			031120	04	Chg-P	CF	R2E03	4 (10/03)	
City & State				City & State		4. FEI N	umbe	05604	191	2_		plied For t Applicable	
Zip	Country Zip				Coun	try	5. Certificate of Status Desired S8.75 Addition Fee Required						litional d
	6. Name	and Address of Currer	nt Regist	tered Agent		Ni	7. Name	and	Address of New I	Registe	ered Ag	jent	
CAFONE, EDWARD 3493 BALBOA CIR E NAPLES, FL 34105						Name Street Addres	ss (P.O. Box N	umbe	er is Not Acceptabl	e)			
				•	City					FL	Zip Code	е	
8. The above named entity submits its 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, typed	d or printed name of registered age	ent and title i	applicable. (NOT	E: Registere	d Agent signature requ	uired when reinstatin	1g)		L	DATE		
FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$450.00 4 Fee will be \$550	0.00	9. Election Campa Trust Fund Conf	-		<b>55.00</b> May B Added to Fees						<b></b> •
10. OFFICERS AND DIRE				<del></del>		ADDITIO	ONS/	CHANGES TO OF	FICERS				
NAME STREET ADDRESS CITY-ST-ZIP	3493 BAL	, EDWARD BOA CIR E FL 34105		☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						- I						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete								☐ Change	☐ Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1		_					☐ Change	Addition
indicated of the cor	on this repo poration or t	ne information supplied wort or supplemental repor the receiver or trustee ent tachment with an address	t is true a npowered	and accurate and that d to execute this report	my signa t as requi	iture shall have t	the same legal	ettec	ct as if made under	oatn; i	inat i ar	n an omcer	or airector