

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90338 026 ***150.00

DOCUMENT # P03000039325

1. Entity Name
1023 BY THE SEA CORP.



Principal Place of Business
363 STREAMVIEW WAY
WINTER SPRINGS, FL 32708

Mailing Address
363 STREAMVIEW WAY
WINTER SPRINGS, FL 32708

14014975



2. Principal Place of Business
130 CALABRIA Sp. Cove
Suite, Apt. #, etc.

3. Mailing Address
130 CALABRIA Sp. Cove
Suite, Apt. #, etc.

01192004 Chg-P CR2E034 (10/03)

City & State
SANFORD

City & State
SANFORD

4. FEI Number
35-2202385
Applied For
Not Applicable

Zip
32771
Country
US

Zip
32771
Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUADAGNINO, ANTHONY
363 STREAMVIEW WAY
WINTER SPRINGS, FL 32708

Name
Street Address (P.O. Box Number is Not Acceptable)
130 CALABRIA SPRINGS COVE
City
SANFORD FL Zip Code
32771

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 nonstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUADAGNINO, ANTHONY 363 STREAMVIEW WAY WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUADAGNINO, NANCY 363 STREAMVIEW WAY WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUXOL, PAULA 1172 CITRUS OAKS RUN WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NUXOL, TERRY 1172 CITRUS OAKS RUN WINTER SPRINGS, FL 32708	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Nancy Guadagnino NANCY GUADAGNINO 4/27/04
Signature and typed or printed name of signing officer or director Date Daytime Phone #

407-682-3355