

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-17-2004 90035 028 ***150.00

DOCUMENT # P03000045587 1. Entity Name WIDGEON INVESTMENTS, INC.					
Principal Place of Business 21421 WIDGEON TERRACE FORT MYERS BEACH, FL 33931			Mailing Address 21421 21421 WIDGEON TERRACE FORT MYERS BEACH, FL 33931		
2. Principal Place of Business 21421 Widgeon Terrace Suite, Apt. #, etc.		3. Mailing Address 21421 Widgeon Terrace Suite, Apt. #, etc.			
City & State _____		City & State _____		4. FEI Number 11-2686025	
Zip _____		Zip _____		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCAROLA, MARK 21421 WIDGEON TERRACE FORT MYERS BEACH, FL 33931				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
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: <u><i>Mark Scarola, V.P.</i></u> DATE: <u>3/10/04</u> (Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))					
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: PRESIDENT ☐ Delete NAME: AL BUTTA STREET ADDRESS: 21431 Widgeon Terrace CITY- ST- ZIP: Ft Myers Bch FL 33931				TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: VP ☐ Delete NAME: MARK SCAROLA STREET ADDRESS: 21421 Widgeon Investments CITY- ST- ZIP: Ft Myers Bch FL 33931				TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: Secretary ☐ Delete NAME: MARCEEN SCAROLA STREET ADDRESS: 21421 Widgeon Terrace CITY- ST- ZIP: Ft Myers Bch FL 33931				TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: Treasurer ☐ Delete NAME: JOHANNA BUTTA STREET ADDRESS: 21431 Widgeon Terrace CITY- ST- ZIP: Ft Myers Bch FL 33931				TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____				TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ ☐ Delete 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: <u><i>Mark Scarola V.P.</i></u> DATE: <u>3/10/04</u> <u>239 463 2704</u> (Signature typed or printed name of signing officer or director)					

66409094