

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000046374

1. Entity Name
PAGANO'S BROS., INC



Principal Place of Business
**1945 S. RIDGEWOOD AVE
SOUTH DAYTONA, FL 32119 US**

Mailing Address
**728 CENTRAL PARK BLVD.
PORT ORANGE, FL 32127 US**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0006433

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PAGANO, RICHARD F
1945 S. RIDGEWOOD AVE
SOUTH DAYTONA, FL 32119**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000222818
02/10/05-80019-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PAGANO, RICHARD F
STREET ADDRESS	728 CENTRAL PARK BLVD.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VP
NAME	PAGANO, MICHAEL L
STREET ADDRESS	444 MERIMAC DR.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	TRES
NAME	THERRIAN, MARY L
STREET ADDRESS	728 CENTRAL PARK BLVD.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	SEC
NAME	SUSAN, PAGANO M
STREET ADDRESS	444 MERRIMAC DR.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

2/7/05 (386) 322-1337