

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90782 046 \*\*\*150.00

<b>DOCUMENT # P03000076721</b> 1. Entity Name <b>GERINI'S ENTERPRISE, INC.</b>			
Principal Place of Business <b>476 KENTUKY WOODS LANE ORLANDO, FL 32824</b>		Mailing Address <b>476 KENTUKY WOODS LANE ORLANDO, FL 32824</b>	
2. Principal Place of Business <b>2754-7 MICHIGAN AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2754-7 MICHIGAN AVE.</b> Suite, Apt. #, etc.	
City & State <b>KISSIMMEE, FL 34744-1513</b> Zip      Country <b>34744-1513      US</b>		City & State <b>KISSIMMEE, FL</b> Zip      Country <b>34744-1513      US</b>	
4. FEI Number <b>20-0088890</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GERINI, ADOLFO R 476 KENTUKY WOODS LANE ORLANDO, FL 32824</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>13319 MEADOWFIELD DR.</b> City <b>ORLANDO</b> State <b>FL</b> Zip Code <b>32824</b>	
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:       DATE: <b>4/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution.. <input type="checkbox"/> <b>\$5.00</b> 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.D <b>GERINI, ADOLFO R</b> <b>476 KENTUKY WOODS LANE</b> <b>ORLANDO, FL 32824</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13319 MEADOWFIELD DR.</b> <b>ORLANDO, FL 32824</b>
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date <b>4/29/04</b> Daytime Phone # <b>(407)963-4782</b>	

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