


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

04-19-2004 90295 030 ***150.00

DOCUMENT # P03000077649					
1. Entity Name JOE PARONE, INC.					
Principal Place of Business 1301 DORCHESTER ST PORT CHARLOTTE FL 33952			Mailing Address 1301 DORCHESTER ST PORT CHARLOTTE FL 33952		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1064682	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARONE, JOE 1301 DORCHESTER ST PORT CHARLOTTE FL 33952			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	SFC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARONE, JOE	NAME			
STREET ADDRESS	1301 DORCHESTER ST	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP			
TITLE	D, PRES <input type="checkbox"/> Delete	TITLE			
NAME	JO-ANN PARONE	NAME			
STREET ADDRESS	1301 DORCHESTER ST.	STREET ADDRESS			
CITY-ST-ZIP	PT CHARLOTTE, FL 33952	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
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CITY-ST-ZIP		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>Joe Parone</i></u>				Date: <u>4.14.04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	