

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90230 006 ***150.00

DOCUMENT # P03000084841

1. Entity Name
CLAUDETTE C. VANNI, INC.



Principal Place of Business
**12271 EAKIN STREET
BROOKSVILLE, FL 34614**

Mailing Address
**12271 EAKIN STREET
BROOKSVILLE, FL 34614**

64010300



2. Principal Place of Business
12272 EAKIN STREET

3. Mailing Address
12272 EAKIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State
WEEKI WACHEE, FL

City & State
WEEKI WACHEE, FL

4. FEI Number

20-0138248

Applied For

Not Applicable

Zip
34614

Country

Zip
34614

Country

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

**VANNI, CLAUDETTE C
12271 EAKIN STREET
BROOKSVILLE, FL 34614**

**12272 EAKIN STREET
WEEKI WACHEE**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 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
**D
VANNI, CLAUDETTE C
12271 EAKIN STREET
BROOKSVILLE, FL 34614**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P/S/T
VANNI, CLAUDETTE C.
12272 EAKIN STREET
WEEKI WACHEE, FL 34614**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 *Claudette C Vanni* **CLAUDETTE C. VANNI**

Date **4/28/04** Daytime Phone #