

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-05-2004 90392 014 ***150.00

DOCUMENT # P03000093175

1. Entity Name

MICHAEL CIRILLO CARPENTRY, INC.



Principal Place of Business

**68 EMERSON DR
PALM COAST FL 32164**

Mailing Address

**68 EMERSON DR
PALM COAST FL 32164**

24035037



MOORE CR2E034 (11/03)

2. Principal Place of Business

68 Emerson DR

Suite, Apt. #, etc.

3. Mailing Address

68 Emerson DR

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip **32164**

Country

Flagler

City & State

Palm Coast, FL

Zip **32164**

Country

Flagler

4. FEI Number

20-0628908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CIRILLO, MICHAEL
18 EMERSON DR
PALM COAST FL 32164**

7. Name and Address of New Registered Agent

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

X Mike Cirillo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CIRILLO, MICHAEL	
STREET ADDRESS	18 EMERSON DR	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRENCH, JEFF	
STREET ADDRESS	19 RAWN LANE	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAHEY, BRAD	
STREET ADDRESS	282 N BEACH ST	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAHEY, BRENT	
STREET ADDRESS	282 N BEACH ST	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

X Mike Cirillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #