

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-07-2004 90048 011 ***150.00

DOCUMENT # P03000105656

1. Entity Name

PAX-SAN ENTERPRISES INC.



Principal Place of Business

POST OFFICE BOX 848
DAVENPORT FL 33836

Mailing Address

POST OFFICE BOX 848
DAVENPORT FL 33836

54028040



MOORE

CR2E034 (11/03)

2. Principal Place of Business

P.O. Box 848

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 848

Suite, Apt. #, etc.

City & State

DAVENPORT FL

City & State

DAVENPORT FL

4. FEI Number

41-2110264

Applied For

Not Applicable

Zip

33836

Country

POLK

Zip

33836

Country

POLK

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRIERI, FRANK JR.
1325 HIGHWAY 27 NORTH
DAVENPORT FL 33836

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-04

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 PD ☐ Delete
NAME GUERRIERI, FRANK JR.
STREET ADDRESS POST OFFICE BOX 848
CITY-ST-ZIP DAVENPORT FL 33836

TITLE V ☒ Delete
NAME GUERRIERI, RICHARD
STREET ADDRESS 1715 DEEN STILL ROAD
CITY-ST-ZIP DAVENPORT FL 33897

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-04