

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90030 009 ***150.00

DOCUMENT # P03000111516

1. Entity Name
ROBERT J. POGGIO REMODELING, INC



Principal Place of Business
**103 SOUTH FOUR SEASONS STREET
PALM BEACH GARDENS, FL 33410**

Mailing Address
**103 SOUTH FOUR SEASONS STREET
PALM BEACH GARDENS, FL 33410**

50017692

2. Principal Place of Business
9832 NORTH M. LITANY TRAIL

3. Mailing Address
9832 NORTH M. LITANY TRAIL

Suite, Apt. #, etc.



01132005 Chg-P CR2E034 (10/03)

City & State
Palm Beach Gardens FL

City & State
Palm Beach Gardens FL

Zip
33410

Country
Palm Beach

Zip
33410

Country
Palm Beach

4. FEI Number
76-0743259

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POGGIO, ROBERT J
103 SOUTH FOUR SEASONS STREET
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name
POGGIO, ROBERT J

Street Address (P.O. Box Number is Not Acceptable)
9832 NORTH M. LITANY TRAIL

Palm Beach Gardens FL Zip Code
33410

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P

NAME
POGGIO, ROBERT J

STREET ADDRESS
103 SOUTH FOUR SEASONS STREET

CITY-ST-ZIP
PALM BEACH GARDENS, FL 33410

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS
9832 NORTH M. LITANY TRAIL

CITY-ST-ZIP
Palm Beach Gardens FL 33410

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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: **Robert J. Poggio** **Robert J. Poggio** **2/18/05** **561-308-1891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #