

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-07-2004 90119'035 \*\*\*150.00  
P03000111834

<b>DOCUMENT # P03000111834</b> 1. Entity Name <b>MELISSA ANN DEMARCO, INC.</b>					
Principal Place of Business <b>5053 OCEAN BOULEVARD, NO. 4 SARASOTA, FL 34242</b>			Mailing Address <b>5053 OCEAN BOULEVARD, NO. 4 SARASOTA, FL 34242</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DEMARCO, MELISSA A 5053 OCEAN BOULEVARD, NO. 4 SARASOTA, FL 34242</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>7-2-04</b> <small>(NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!!! FEE IS \$350.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DEMARCO, MELISSA A 5053 OCEAN BOULEVARD, NO. 4 SARASOTA, FL 34242</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>7-2-04</b> <b>9413499317</b> <small>Date Daytime Phone #</small>			

FILED

04 JUL 20 PM 12: 29

SECRETARY OF STATE  
DOHARTY HASSEE, FLORIDA



07022004 Chg-P CR2E034 (10/03)

4. FEI Number **300295313** Applied For ☐ Not Applicable ☐

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

FL

7-2-04

**FILE NOW!!! FEE IS \$350.00  
Due by September 8, 2004**

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

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*Handwritten signature/initials*

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SIGNATURE  DATE **7-2-04** **9413499317**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66429916  
# P03000111834

7-7-04

To Whom It May Concern:

I sent my document in along with another document before the cut off date. The checks were both processed. I did not receive any notice that there was a problem until I received the post card last week.

I have enclosed a new original signed document. I downloaded the documents and the other document that did get processed correctly had the Tax ID # preprinted. The one for Melissa Ann DeMarco, Inc. did not.

I am sorry for the confusion. Thank you for your time and patience in this matter.

Sincerely,



Melissa Ann DeMarco  
Tax Id#200295313 / president & treasurer