

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

05-06-2004 90190 017 ***150.00

DOCUMENT # P03000116283			
1. Entity Name SWISS ITALIA FLOORING INC.			
Principal Place of Business P O BOX 598 BOKEELIA, FL 33922 US		Mailing Address P O BOX 598 BOKEELIA, FL 33922 US	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. SEI Number 55-0849431		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, CONSTANCE 20930 N E 24 AVE MIAMI, FL 33180		7. Name and Address of New Registered Agent ROD MAZZOLI, 70 Island Plaza 1301 Pine Island Rd N.W. BOKEELIA FL 33922	
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 _____ DATE _____			
FILE NOW!! FEE IS \$550.00 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZZOLI, ROD E P O BOX 598 BOKEELIA, FL 33922 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEISER, ADRIAN 1234 FORSYTH DR NORTH FORT MYERS, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEISER, SHARON 1234 FORSTH DR NORTH FORT MYERS, FL 33903 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(b), 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 prepare 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: Rod Mazzoli		239-246-0908	