


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90013 049 ***150.00

DOCUMENT # P03000125342

1. Entity Name
CHARLES LOBIANCO, INC.



Principal Place of Business
921 SE 27TH TERRACE
CAPE CORAL, FL 33904 US

Mailing Address
PO BOX 150596
CAPE CORAL, FL 33915 US


14005006

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04012004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0357296**
68-018167 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~SOUTHWEST PROFESSIONAL SERVICES OF FL INC~~
~~(3571 MCCREGOR BLVD #22~~
~~FORT MYERS, FL 33919~~

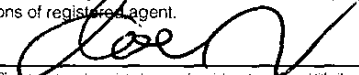
7. Name and Address of New Registered Agent

Name
HERITAGE TAX & CONSULTING SERVICES INC

Street Address (P.O. Box Number is Not Acceptable)
11220 METRO PKWY #3

City **FORT MYERS** FL Zip Code **33912**

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  **DAVID GOLOSONG PRES** DATE **4/2/04**

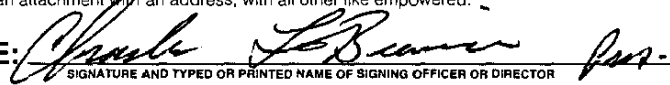
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 LOBIANCO, CHARLES 921 SE 27TH TERRACE CAPE CORAL, FL 33904 <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:  DATE **4-2-04** DAYTIME PHONE # **239-574-5131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR