

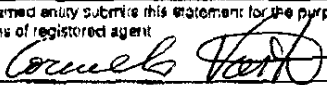
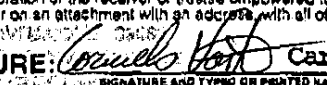
APR-28-2004 10:20

ABEL BAND SARASOTA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90392 021 ***150.00

DOCUMENT # P03000132066																			
1. Entity Name VASTA & SONS, INC.																			
Principal Place of Business 2016 DUMONT DRIVE VALRICO, FL 33594		Mailing Address 2016 DUMONT DRIVE VALRICO, FL 33594																	
2. Principal Place of Business 4567 Bee Ridge Road		3. Mailing Address 4567 Bee Ridge Road																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																	
City & State Sarasota, FL		City & State Sarasota, FL																	
Zip 34233	Country	Zip 34233	Country																
4. FEI Number 20-0394868		Applied For ☐ Not Applicable																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent CASTA, CARMELO 2016 DUMONT DRIVE VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Vasta, Carmelo Street Address (P.O. Box Number is Not Acceptable) 4567 Bee Ridge Road City Sarasota FL Zip Code 34233																	
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 4/28/04 Signature, typed or printed name of registered agent and CEO if applicable. (NOTE: Registered Agent's signature required when reappointing)																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: 		Carmelo Vasta, President																	
Date		Date																	
Daytime Phone #		Daytime Phone #																	
941-371-3786		941-371-3786																	