

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

5/7/2004-90127-024-\$150.00-\$150.00

DOCUMENT # P03000138078

1. Entity Name

ITLE BY CLIFF STREPPONE, INC.



Principal Place of Business

4580 BEACON DRIVE
SARASOTA FL 34232

Mailing Address

4580 BEACON DRIVE
SARASOTA FL 34232

4580 BEACON DRIVE 4580 BEACON

2. Principal Place of Business

3. Mailing Address

Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34232

Country

SARASOTA

Zip

34232

Country

SARASOTA

6. Name and Address of Current Registered Agent

STREPPONE, CLIFFORD W
4580 BEACON DRIVE
SARASOTA FL 34232

Name

Clifford W Streppone

Street Address (P.O. Box Number is Not Acceptable)

4580 BEACON Drive

City

SARASOTA

FL

Zip Code 34232

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: Clifford W Streppone

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

6/1/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	TITLE	NAME
NAME	STREPPONE, CLIFFORD W	<input type="checkbox"/> Delete	NAME
STREET ADDRESS	4580 BEACON DRIVE		STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP
NAME		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
NAME		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			STREET ADDRESS
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CITY-ST-ZIP			CITY-ST-ZIP
NAME		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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: Clifford W Streppone Clifford W. Streppone 1/20/04 (9A) EST-1649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #