

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90258 026 ***150.00

DOCUMENT # P03000153284

1. Entity Name

BUCCI ENTERPRISE, INC.



Principal Place of Business

**21000 HIGGS DR
PT CHARLOTTE FL 33952**

Mailing Address

**21000 HIGGS DR
PT CHARLOTTE FL 33952**

34073333



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

EIN 55-0854454

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IZZO, JOHN P
773 S INDIANA AVE
ENGLEWOOD FL 34223**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PT ☐ Delete
NAME BICCI, MARIO A
STREET ADDRESS 21000 HIGGS DR
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE ☒ Change ☐ Addition
NAME **BUCCI, MARIO A**
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME BICCI, IRIS
STREET ADDRESS 21000 HIGGS DR
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE ☒ Change ☐ Addition
NAME **BUCCI, IRIS**
STREET ADDRESS
CITY-ST-ZIP

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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: MARIO A Bucci *Mario Bucci* **4/28/04 941-6258356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #