

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90031 003 \*\*\*150.00

**DOCUMENT # P03000154160**



1. Entity Name  
**ABOVE & BEYOND WINDOWS AND DECOR, INC.**

Principal Place of Business  
**18480 PAULSEN DR., STE. B-6  
PORT CHARLOTTE, FL 33954**

Mailing Address  
**18480 PAULSEN DR., STE. B-6  
PORT CHARLOTTE, FL 33954**

**54061948**



2. Principal Place of Business  
**18200 PAULSEN DR**

3. Mailing Address  
**P.O. Box 494467**

Suite, Apt. #, etc.  
**A-4**

Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State  
**Port Charlotte FL**

City & State  
**Port Charlotte FL**

FEI Number  
**20-05910716**

Applied For  
Not Applicable

Zip  
**33954**

Country

Zip  
**33949**

Country

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

6. Name and Address of Current Registered Agent

**CRACCHIOLO, PETER S JR.  
18480 PAULSEN DR., STE. B-6  
PORT CHARLOTTE, FL 33954**

7. Name and Address of New Registered Agent

Name  
**Peter S. Cracchiolo Jr**

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

**18200 PAULSEN DR # A-4**

City  
**Port Charlotte**

FL

Zip Code  
**33954**

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]** **President**

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

(NOTE: Registered Agent signature required when reinstating)

**7/8/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CRACCHIOLO, PETER S JR.  
2871 RUFUS RD.  
NORTH PORT, FL 34287** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ 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)(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: **[Signature]** **Peter S. Cracchiolo Jr** **7/8/04** **(941) 624-3309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #