


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90972 037 ***150.00

DOCUMENT # P04000035160 1. Entity Name S.J. DEMAGGIO CORP.			
Principal Place of Business 2905 NIXON DR MADISON, FL 32340		Mailing Address 2905 NIXON DR MADISON, FL 32340	
2. Principal Place of Business Suite, Apt. #, etc. 211 N.E. NIXON LOOP City & State MADISON FL. Zip 32340		3. Mailing Address Suite, Apt. #, etc. 211 N.E. NIXON LOOP City & State MADISON FL. Zip 32340	
Country U.S.A.		Country U.S.A.	
4. FEI Number 05-0616845		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMAGGIO, S.J. 2905 NIXON DR MADISON, FL 32340		7. Name and Address of New Registered Agent Name DEMAGGIO S.J. Street Address (P.O. Box Number is Not Acceptable) 211 N.E. NIXON LOOP City MADISON FL Zip Code 32340	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DEMAGGIO, S.J. 2905 NIXON DR MADISON, FL 32340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P/T DEMAGGIO S.J. 211 N.E. NIXON LOOP MADISON-FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULET, DAN 6437 30 WAY ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V DEMAGGIO LUCILLE 211 N.E. NIXON LOOP MADISON-FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: S.J. Demaggio		S.J. DEMAGGIO/PRES. 4-27-05 1-860 973-8394	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	