


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Apr 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # P93000012762 1. Entity Name FUSCO INCORPORATED	
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Principal Place of Business 3915 HENDERSON BLVD TAMPA, FL 33629 US	Mailing Address 3915 HENDERSON BLVD TAMPA, FL 33629 US
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03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3197728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHIFINO, WILLIAM J JR.  
ONE TAMPA CITY CENTER  
SUITE 2600  
TAMPA, FL 33602

DO NOT WRITE  
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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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000115487  
04/16/04-80025-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEDAGLIA, LAURO 13905 DENELL LANE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEDAGLIA, MARIA 13905 DENELL LANE TAMPA, FL 33624
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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: *X Maria Medaglia* MARIA MEDAGLIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04 (813) 281-2100  
Date Daytime Phone #