

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000015770

1. Entity Name
FRANK & PAUL LIGGIERI, INC.



Principal Place of Business
**2218 SE ABCORE RD
PORT ST. LUCIE, FL 33452**

Mailing Address
**2218 SE ABCORE RD
PORT ST. LUCIE, FL 33452**

DO NOT WRITE IN THIS SPACE

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04072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0407051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIGGIERI, FRANK
2218 SE ABCORE ROAD
PORT ST. LUCIE, FL 33452**

**DO NOT WRITE
IN THIS SPACE**

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: *Frank Liggieri*
Signature, typed or printed name of registered agent and fee 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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIGGIERI, FRANK
STREET ADDRESS	2218 SE ABCORE RD
CITY - ST - ZIP	PORT ST. LUCIE, FL 33452
TITLE	S
NAME	LIGGIERI, PAUL
STREET ADDRESS	1250 SW 65TH BUCKINGHAM K207
CITY - ST - ZIP	PEMBROKE PINES HOLLYWOOD, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/22/04-80045-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Frank Liggieri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #