


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90004 014 \*\*\*558.75

DOCUMENT # P94000002196					
1. Entity Name ANTHONY'S TOUCH OF CLASS, INC.					
Principal Place of Business 1355 MARKET CIRCLE PORT CHARLOTTE, FL 33949			Mailing Address 1355 MARKET CIRCLE PORT CHARLOTTE, FL 33949		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0459678	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERTUCCI, ANTHONY 1355 MARKET CIRCLE PORT CHARLOTTE, FL 33949			Name <u>Bertucci, Nancy</u> Street Address (P.O. Box Number is Not Acceptable) <u>1355 Market Circle</u> <u>Port Charlotte</u> City <u>FL</u> Zip Code <u>33983</u>		
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: <u>Nancy Bertucci, Nancy Bertucci, President</u> DATE: <u>7/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		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	PDTS <input type="checkbox"/> Delete	TITLE	PDTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERTUCCI, ANTHONY	NAME	<u>Bertucci, Nancy</u>		
STREET ADDRESS	1355 MARKET CIRCLE	STREET ADDRESS	<u>1355 Market Circle</u>		
CITY-ST-ZIP	PORT CHARLOTTE, FL	CITY-ST-ZIP	<u>Port Charlotte, FL.</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Nancy Bertucci, Nancy Bertucci</u> DATE: <u>7/28/04</u> (941) 624-4555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



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