

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000052327

1. Entity Name
ANCADO, INC.



Principal Place of Business
**7410 N NEBRASKA AVE
TAMPA, FL 33604**

Mailing Address
**7410 N NEBRASKA AVE
TAMPA, FL 33604**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3255896

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CAROL J ROOT
18405 DEBONAIR PL
LUTZ, FL 33549**

**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

Carol J. Root

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

(NOTE: Registered Agent signature required when reinstating)

2/17/04

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

U000000060048
02/23/04-80024-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KROUPAS, ANGELO P
4715 KEMBLE COURT
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KROUPAS, GUS D
7410 N NEBRASKA AVE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROOT, CAROL J
7410 N NEBRASKA AVE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Carol J. Root

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/17/04 (813) 238-1256

Date

Daytime Phone #