2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90298 041 ***150.00

DOCUMENT # P94000070377

1. Entity Name
D'ASIGN SOURCE & CO., INC.

Principal Place of Business	Mailing Address
11500 OVERSEAS HWY MARATHON, FL 33050	11500 OVERSEAS HWY MARATHON, FL 33050

02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0529929
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

D'ASCANIO, FRANCO L
11500 OVERSEAS HWY
MARATHON, FL 33050

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CD
NAME	D'ASCANIO, ANTHONY A
STREET ADDRESS	204 S. ANGLERS DR.
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	DP
NAME	D'ASCANIO, FRANCO L
STREET ADDRESS	431 2ND ST.
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051
TITLE	VD
NAME	D'ASCANIO, AMEDEO G
STREET ADDRESS	295 14TH ST
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051
TITLE	V
NAME	KNEIGE, WILLIAM F
STREET ADDRESS	11500 OVERSEAS HWY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: CFO Brian Friedman CPA 7/23/04 305.743.7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #