

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90026 023 ***150.00

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1. Entity Name

ANONIMO, INCORPORATED



Principal Place of Business

316 14TH AVE W
PALMETTO FL 34221
US

Mailing Address

316 14TH AVE W
#3
PALMETTO FL 34221
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0577965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, MARIA COLFER
316 14TH AVE W
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DSTV	<input type="checkbox"/> Delete
NAME	PHILLIPS, MARIA COLFER	
STREET ADDRESS	1416 ROSSLYN DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PHILLIPS, GARY M	
STREET ADDRESS	1416 ROSSLYN DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DSTV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, MARIA	
STREET ADDRESS	316-14th Ave. W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, GARY	
STREET ADDRESS	316-14th Ave. W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Maria Phillips* **MARIA PHILLIPS** 01/22/04 (941) 729-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #