

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000003746 1. Entity Name MEDICO ENGINEERING CORP.	
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Principal Place of Business 5331 CAPE LEYLE DRIVE SARASOTA, FL 34242	Mailing Address 5331 CAPE LEYLE DRIVE SARASOTA, FL 34242
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0720087	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEDICO, JOHN J JR. 5331 CAPE LEYLE DR SARASOTA, FL 34242	DO NOT WRITE IN THIS SPACE
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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 _____ (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	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDICO, JOHN J JR, P.E. 5331 CAPE LEYLE DRIVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEDICO, CHRISTINE M 5331 CAPE LEYLE DRIVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDICO, DOMINICK 5331 CAPE LEYTE DRIVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDICO, PETER J P.E. 5331 CAPE LEYTE DR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/04-80014-012 150.00

**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: John J. Medico, Jr. 1-19-2004 941-349-6240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #