

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90005 038 \*\*\*150.00

DOCUMENT # P97000012439

1. Entity Name  
ABSOLUTE F & D, INC.



Principal Place of Business

6971 108TH AVE. N.  
LARGO, FL 33777

Mailing Address

6971 108TH AVE. N.  
LARGO, FL 33777

34004100



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3437251

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CIPOLLA, FRANK  
6971 108TH AVE. N.  
LARGO, FL 33777

**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

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**

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	CIPOLLA, FRANK
STREET ADDRESS	6971 108TH AVE. NORTH
CITY-ST-ZIP	LARGO, FL 33777
TITLE	STD
NAME	CIPOLLA, DIANE
STREET ADDRESS	6971 108TH AVE. N
CITY-ST-ZIP	LARGO, FL 33777
TITLE	VP
NAME	PATTERN, JANEEN - JANEEN PATTEN
STREET ADDRESS	6971 108TH AVE. N
CITY-ST-ZIP	LARGO, FL-33777
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:

*Janeen Patten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/04  
Date

727-546-4285  
Daytime Phone #