

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000066084

1. Entity Name  
SANTILLI MANAGEMENT INC.



Principal Place of Business  
12829 THIRD ISLE  
HUDSON, FL 34667

Mailing Address  
P.O. BOX 5602  
HUDSON, FL 34674

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 19 AM 11:52



02172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3464097

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SANTILLI, DANNY  
12829 THIRD ISLE  
HUDSON, FL 34667

**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

300029311913  
02/24/04--01047--012 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SANTILLI, D J  
12829 3RD ISLE  
HUDSON, FL 34667

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

16M  
2/19/04

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:

D.J. Santilli President

2-17-04

Date

727-862-4315

Daytime Phone #