


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000068381</b> 1. Entity Name <b>AMATO AND SONS INC.</b>	
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Principal Place of Business <b>3926 W. OSBORNE AVE. TAMPA, FL 33614</b>	Mailing Address <b>3926 W. OSBORNE AVE. TAMPA, FL 33614</b>
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**DO NOT WRITE IN THIS SPACE**



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3464520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**AMATO, NATALE T  
7084 SO. SHORE DR.  
SO. PASADENA, FL 33707**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AMATO, NATALE T 7084 S. SHORE DR. SO. PASADENA, FL 33707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S AMATO, ANTOINETTE 7084 S. SHORE DR. SO. PASADENA, FL 33707</b>
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07/16/04-80003-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 907, 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: Natale T. Amato July 9, 2004 727-384-2867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #