

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020907

FILED  
Jan 10, 2004  
Secretary of State

Entity Name: G. R. FACCONI, INCORPORATED

## Current Principal Place of Business:

1511 EAST LAS OAKS BLVD.  
FT. LAUDERDALE, FL 33301

## New Principal Place of Business:

1511 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301

## Current Mailing Address:

1511 EAST LAS OAKS BLVD.  
FT. LAUDERDALE, FL 33301

## New Mailing Address:

1511 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301

FEI Number: 65-0823501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STONE, ADELE I  
1946 TYLER STREET  
HOLLYWOOD, FL 33022

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHERIDAN, PETER D  
Address: 455 N VICTORIA PARK RD  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VPDT ( ) Delete  
Name: FACCONI, GARY R  
Address: 455 N VICTORIA PARK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHERIDAN, PETER D  
Address: 1511 EAST LAS OLAS BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VPDT (X) Change ( ) Addition  
Name: FACCONI, GARY R  
Address: 1511 EAST LAS OLAS BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER D. SHERIDAN

PD

01/10/2004

Electronic Signature of Signing Officer or Director

Date