


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90017 045 ***150.00

DOCUMENT # P98000066265 1. Entity Name D'AGOSTINO AND ASSOCIATES, INC.					
Principal Place of Business 330 S PINEAPPLE AVE STE 201 SARASOTA, FL 34236			Mailing Address 330 S PINEAPPLE AVE STE 201 SARASOTA, FL 34236		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0857682	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OLSON, PAUL E 1776 RINGLING BLVD SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST D'AGOSTINO, KENETH 2500 COLONY TERR SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Diagostino Kenneth 1834 Morris Street Sarasota, FL 34239
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Kenneth D'Agostino</u> <u>2-23-04</u> <u>941-954-4222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					