

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

04 AUG -2 PM 2:04

SECRET OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000046568

1. Entity Name  
DEPALANTINO INCORPORATED



Principal Place of Business  
405 FOREST PARK RD.  
OLDSMAR, FL 34677

Mailing Address  
405 FOREST PARK RD.  
OLDSMAR, FL 34677



05052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3580350

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DEPALANTINO, NORMAN  
405 FOREST PARK RD.  
OLDSMAR, FL 34677

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
DEPALANTINO, NORMAN  
405 FOREST PARK RD.  
OLDSMAR, FL 34677

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
DEPALINTION, RUTH  
405 FOREST PARK RD.  
OLDSMAR, FL 34677

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

900039836909  
08/03/04--01040--005 \*\*150.00

**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:

*Ruth Depalantino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/30/04* X *588-5276*  
Date Daytime Phone #

7-20-04

To whom it may concern  
Spoke with accountant and  
Original form <sup>was</sup> never received.

Lita DeLanier