

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51382

FILED  
Mar 18, 2004  
Secretary of State

Entity Name: ANTHONY CAPODILUPO FINE ART, INC.

**Current Principal Place of Business:**

P O BOX 811586  
BOCA RATON, FL 33481586 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 811586  
BOCA RATON, FL 33481586 US

**New Mailing Address:**

FEI Number: 65-0257557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPODILUPO, ANTHONY  
4598 NW 26TH AVE  
BOCA RATON, FL 33434 US

**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: CAPODILUPO, ANTHONY,  
Address: 4598 NW 26TH AVE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: SD ( ) Delete  
Name: SOMMER, SANDRA M.,  
Address: 4598 NW 26TH AVE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: TD ( ) Delete  
Name: LARSEN, BONNY L.,  
Address: 4400 N. A1A, APT 701N  
City-St-Zip: HUTCHINSON ISL, FL 34949 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SANDRA M. SOMMER

SD

03/18/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date