

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56178

FILED
Jan 09, 2004
Secretary of State

Entity Name: CERTIFIED OPERATORS OF S.W. FL., INC.

Current Principal Place of Business:

2719 SW 8TH PL
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

2719 SW 8TH PL
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 65-0279760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBRETTO, RAYMOND
2719 SW 8TH PLACE
CAPE CORAL, FL 33914 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: D () Delete
Name: LIBRETTO, RAYMOND,
Address: 708 S.E. 43 TERR.
City-St-Zip: CAPE CORAL, FL

Title: DS () Delete
Name: PAUL, MARK A.,
Address: 6251 THOMAS ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: DP () Delete
Name: COLEMAN, KENNETH
Address: 7987 MERCANTILE ST. NE
City-St-Zip: N. FT. MYERS, FL

Title: D () Delete
Name: QUARTUCCIO, PETER
Address: P.O BOX 381271
City-St-Zip: MURDOCK, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: COLEMAN, KENNETH
Address: 7987 MERCANTILE ST. NE
City-St-Zip: N. FT. MYERS, FL

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

Title: DP () Change (X) Addition
Name: LIBRETTO, NICHOLAS P
Address: 1134 NW 2ND PL
City-St-Zip: CAPE CORAL, FL 33993

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: RAYMOND LIBRETTO

D

01/09/2004

Electronic Signature of Signing Officer or Director

Date