

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90258 046 ***150.00

DOCUMENT # S56199

1. Entity Name

CORLIETO ENTERPRISES, INC.



Principal Place of Business

1105 S.E. 12TH AVE.
CAPE CORAL FL 33990

Mailing Address

1105 S.E. 12TH AVE.
CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0266240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORLIETO, BARBARA
1105 S.E. 12TH AVE.
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CORLIETO, MARTIN
STREET ADDRESS 1105 S.E. 12 AVE.
CITY-ST-ZIP CAPE CORAL FL

TITLE VSTD ☐ Delete
NAME CORLIETO, BARBARA
STREET ADDRESS 1105 S.E. 12 AVE.
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☐ Delete
NAME CORLIETO, MARTIN, III
STREET ADDRESS 1429 CAPRI LANE #5102
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 10216 Thicket PT. WAY
STREET ADDRESS TAMPA, FL 33647
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS BART CORLIETO
CITY-ST-ZIP 1105 SE 12th AVE
CAPE CORAL, FL. 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Barbara Corlieto* BARBARA CORLIETO 4-24-04 239-574-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #