

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V03321**

**1. Entity Name**

**ANTOINE, INC.**



**Principal Place of Business**

**7401 GULF BLVD.  
ST. PETERSBURG BEACH FL 33706**

**Mailing Address**

**7401 GULF BLVD.  
ST. PETERSBURG BEACH FL 33706**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**59-3097489**

Applied For  
Not Applicable

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

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

**PEDAGGI, BEVERLY  
4939-22ND AVE NO.  
SAINT PETERSBURG FL 33710**

**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 file 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:**

*Beverly Pedaggi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BEVERLY PEDAGGI** 4/8/04 727-360-2253  
Date Daytime Phone #



MOORE CR2E034 (11/03)

Applied For  
Not Applicable

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Date Daytime Phone #