


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005573

1. Entity Name
 1717 NINTH STREET, INC.



Principal Place of Business 11 WEST MADISON STREET OAK PARK, IL 60302	Mailing Address 11 WEST MADISON STREET OAK PARK, IL 60302
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0350797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	PD MASON, MICHAEL D 11 WEST MADISON STREET OAK PARK, IL 60302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAFICO, JOSEPH 11 WEST MADISON STREET OAK PARK, IL 60302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARCINIAK, CLAUDIA 11 WEST MADISON STREET OAK PARK, IL 60302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FITZPATRICK, EDWARD C 11 WEST MADISON STREET OAK PARK, IL 60302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/22/04-80014-020 150.00

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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: *Michael D Mason* **7/7/04** **713-965-1642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #