

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91242 018 ***150.00

DOCUMENT # V62764

1. Entity Name

NANTUCKET ENTERPRISES, INC.



Principal Place of Business
**4380 PGA BLVD
PALM BEACH GARDENS FL 33410**

Mailing Address
**4380 PGA BLVD
PALM BEACH GARDENS FL 33410**

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
65-0355005

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PSOINOS, GEORGE D.
1655 PALM BEACH LAKES BLVD
SUITE #106
WEST PALM BEACH FL 33401**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CACCIATORE, PHILIP F., JR	
STREET ADDRESS	4380 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CACCIATORE, PHILIP, III	
STREET ADDRESS	4380 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CACCIATORE, ELAINE	
STREET ADDRESS	4380 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Phil Cacciatore* **Phil Cacciatore** *4/28/04* **861-627-2535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #