


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 532902
 1. Entity Name
BARR, MURMAN & TONELLI, P.A.



Principal Place of Business PO BOX 172669 TAMPA, FL 33672-0669 US	Mailing Address PO BOX 172669 TAMPA, FL 33672-0669 US
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1740815	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MURMAN, JAMES A.
 201 E. KENNEDY BLVD.
 1700
 TAMPA, FL 33602-0941

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD TONELLI, MICHAEL A. 201 E KENEDY STE 1750 TAMPA FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TONELLI, MICHAEL A. 2201 E KENEDY STE 1750 TAMPA FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURMAN, JAMES A. 201 E KENNEDY STE 1750 TAMPA, FL
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 02/10/04-80039-022 150.00

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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)(f), 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:  **1-16-04** See **813.223.399**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #