


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

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



Principal Place of Business _____ Mailing Address _____
 PO BOX 172669 _____ PO BOX 172669 _____
 TAMPA, FL 33672-0669 US TAMPA, FL 33672-0669 US

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1740815** Applied For
 Not Applicable

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TONELLI, MICHAEL A.
STREET ADDRESS	201 E KENEDY STE 1750
CITY-ST-ZIP	TAMPA FL,
TITLE	VPS
NAME	TONELLI, MICHAEL A.
STREET ADDRESS	2201 E KENEDY STE 1750
CITY-ST-ZIP	TAMPA FL,
TITLE	TD
NAME	MURMAN, JAMES A.
STREET ADDRESS	201 E KENNEDY STE 1750
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000184366
 01/20/05-80029-003 150.00

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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: JAMES A. MURMAN 1/10/05 813-223-3951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #