


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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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 #