


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90006 009 \*\*\*150.00

**DOCUMENT # 617975**  
 1. Entity Name  
**A MACDILL REALTY CORPORATION**



Principal Place of Business      Mailing Address  
**4327 BAY TO BAY BLVD**      **4327 BAY TO BAY BLVD**  
**TAMPA FL 33629-6606**      **TAMPA FL 33629-6606**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**MAURO, ROSEMARIE**  
**4323 BAY TO BAY BLVD**  
**TAMPA FL 33629**

4. FEI Number      Applied For  
**59-1883126**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**  
**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4327 BAY TO BAY BLVD**  
**TAMPA FLORIDA 33629**  
 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 Serafino T. Mauro VTD      DATE 1/21/04  
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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAURO, ROSEMARIE	
STREET ADDRESS	2325 FERN PLACE	
CITY-ST-ZIP	TAMPA, FL 00000 33604	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MAURO, SERAFINO T	
STREET ADDRESS	2325 FERN PL	
CITY-ST-ZIP	TAMPA, FLORIDA 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Serafino T. Mauro      Serafino T. Mauro      Jan 21 2004      (813) 839-3391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #