

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90039 034 ***150.00

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1. Entity Name
 PRIDA, GUIDA & COMPANY, P.A. CPA'S



Principal Place of Business
 1106 N. FRANKLIN ST.
 TAMPA, FL 33602

Mailing Address
 1106 N. FRANKLIN ST.
 TAMPA, FL 33602



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1978917 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIDA, LUCIANO
 1106 N. FRANKLIN ST.
 TAMPA, FL 33602

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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, 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	D
NAME	PRIDA, LUCIANO L., JR.
STREET ADDRESS	1106 N. FRANKLIN ST.
CITY - ST - ZIP	TAMPA, FL
TITLE	D
NAME	George K. Guida
STREET ADDRESS	1106 N. Franklin St.
CITY - ST - ZIP	Tampa, FL 33602
TITLE	D
NAME	Andres S. Prida
STREET ADDRESS	1106 N. Franklin St.
CITY - ST - ZIP	Tampa, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #