


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90079 036 ***150.00

DOCUMENT # J16534

1. Entity Name
DICK VITALE, INC.



44002665

Principal Place of Business
**4198 BOCA POINTE DR
 SARASOTA, FL 34238**

Mailing Address
**4198 BOCA POINTE DR
 SARASOTA, FL 34238**



2. Principal Place of Business
7810 Mathern Ct.

3. Mailing Address
7810 Mathern Ct.

Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State
Bradenton FL

City & State
Bradenton, FL

Zip
34202

Country
USA

Zip
34202

Country
USA

4. FEI Number
59-2712098

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VITALE, LORRAINE
 4198 BOCA POINTE DR.
 SARASOTA, FL 34238**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ DATE _____
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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VITALE, LORRAINE 4198 BOCA POINTE DR. SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7810 mathern Ct. Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VITALE, RICHARD J. 4198 BOCA POINTE DR. SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7810 mathern Ct. Bradenton, FL 34202
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lorraine Vitale* **LORRAINE VITALE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/10-04** Daytime Phone # **941-928-1766**