## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # J91064

1. Entity Name

RUSSO AND RUSSO, P.A.



Principal Place of Business

877 EXECUTIVE CENTER DR. W.

SUITE 112

SAINT PETERSBURG, FL 33702

Mailing Address

877 EXECUTIVE CENTER DR. W.

SUITE 112 SAINT PETERSBURG, FL 33702

## **FILED** Jan 29, 2004 8:00 am Secretary of State

01-29-2004 90095 041 \*\*\*150.00

94006610



01192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2851114

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO, FRANK K. 877 EXECUTIVE CENTER DR. WET **SUITE 112** SAINT PETERSBURG, FL 33702

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	named entity submits this statement for the prions of registered agent.	rpose of changing its registered offic	e or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Agents	gnature required when reinstating) ,	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, FRANK K. 4600 WATERFORD CT. NE ST. PETE, FL 33703,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>:</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<sup>-</sup> DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		
12. Thereby	certify that the information supplied with this fil	ing 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 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 changed, or on an attachment with an address, with all other like impowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR