

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000049854

1. Entity Name
THE LAW OFFICES OF JOHN L. DI MASI, P.A.



Principal Place of Business

207 EAST LIVINGSTON STREET
ORLANDO, FL 32801

Mailing Address

207 EAST LIVINGSTON STREET
ORLANDO, FL 32801

FILED
Feb 16, 2004 08:00 AM
Secretary of State



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3649040	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DI MASI, JOHN L
207 EAST LIVINGSTON STREET
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D
NAME	DI MASI, JOHN L
STREET ADDRESS	207 EAST LIVINGSTON STREET
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/16/04-80074-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

2-11-04

407-839-3383