


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90090 015 \*\*\*158.75

**DOCUMENT # P0100096625**

1. Entity Name  
 LOSCALZO ENTERPRISES, INC.



|  |  |
|--|--|
| Principal Place of Business<br><del>2727 WEST FLETCHER AVE STE 43B</del><br><del>TAMPA, FL 33618</del><br><b>6910 N. Armenia Ave</b><br><b>Tampa, FL 33604</b> | Mailing Address<br><del>2727 WEST FLETCHER AVE STE 43B</del><br><del>TAMPA, FL 33618</del><br><b>6910 N. Armenia Ave</b><br><b>Tampa, FL 33604</b> |
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01252004 No Chg-P CR2E034 (10/03)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>59-3748983  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

LOSCALZO, JOHN  
~~2727 WEST FLETCHER AVE STE 43B~~  
~~TAMPA, FL 33618~~  
**6910 N. Armenia Ave.**  
**Tampa, FL 33604**

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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: *John Loscalzo* **PRESIDENT** DATE: 1/26/04

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**

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

10. OFFICERS AND DIRECTORS

|                 |   |
|-----------------|---|
| TITLE           | D   |
| NAME            | LOSCALZO, JOHN  |
| STREET ADDRESS  | <del>2727 WEST FLETCHER AVE STE 43B</del> <b>6910 N. Armenia Ave.</b> |
| CITY - ST - ZIP | <del>TAMPA, FL 33618</del> <b>Tampa, FL 33604</b>                     |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| 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: *John Loscalzo* **JOHN LOSCALZO** DATE: 1/26/04 813-930-2811

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