

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90044 038 ***150.00

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01312005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000057224					
1. Entity Name F & M REAL ESTATE, INC.					
Principal Place of Business 1501 S. CHURCH STREET SUITE 201 TAMPA, FL 33629		Mailing Address 1501 S. CHURCH STREET SUITE 201 TAMPA, FL 33629			
2. Principal Place of Business <i>1501 S Church AVE</i>		3. Mailing Address <i>1501 S Church AVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>TAMPA FL</i>		City & State <i>TAMPA FL</i>		4. FEI Number 35-2171295	
Zip <i>33629</i>		Zip <i>33629</i>		Country <i>USA</i>	
Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WOODWARD, ANTHONY G ESQUIRE 2024 W. CLEVELAND STREET TAMPA, FL 33606			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSCALZO, FRANK JR.		NAME	<i>Loscalzo, FRANK JR.</i>	
STREET ADDRESS	1501 S. CHURCH STREET, SUITE 201		STREET ADDRESS	<i>1501 S Church Ave</i>	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	<i>Tampa FL 33629</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSCALZO, FRANK JR.		NAME	<i>Loscalzo, FRANK JR.</i>	
STREET ADDRESS	1501 S. CHURCH STREET, SUITE 201		STREET ADDRESS	<i>1501 S Church Ave</i>	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	<i>Tampa FL 33629</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSCALZO, MIRIAM		NAME	<i>Loscalzo, MIRIAM</i>	
STREET ADDRESS	1501 S. CHURCH STREET, SUITE 201		STREET ADDRESS	<i>1501 S Church Ave</i>	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	<i>Tampa FL 33629</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 registered 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 to this address, with a letter line empowered.					
SIGNATURE: <i>Frank Loscalzo, Jr.</i>			Frank Loscalzo, Jr. President 1/31/05 813-874-2177		
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		