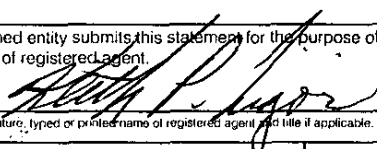
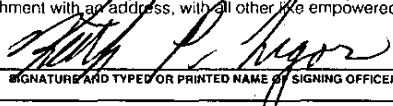


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90105 032 ***150.00

DOCUMENT # P03000054919 1. Entity Name KEITH P. LIGORI, P.A.																																					
Principal Place of Business 4911 JUNO STREET TAMPA, FL 33629			Mailing Address 4911 JUNO STREET TAMPA, FL 33629																																		
2. Principal Place of Business 2102 W. Cleveland St. Suite, Apt. #, etc.		3. Mailing Address 2102 W. Cleveland St. Suite, Apt. #, etc.																																			
City & State Tampa FL Zip Country 33606 USA		City & State Tampa FL Zip Country 33606 USA		4. FEI Number 32-0076191 Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent LIGORI, KEITH P 4911 JUNO STREET TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Ligori, Keith P Street Address (P.O. Box Number is Not Acceptable) 2102 W. Cleveland St. City Tampa FL Zip Code 33606																																		
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: 4/20/04 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> D LIGORI, KEITH P 4911 JUNO STREET TAMPA, FL 33629 </td> <td></td> </tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	D LIGORI, KEITH P 4911 JUNO STREET TAMPA, FL 33629														11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> ☒ Change ☐ Addition of address </td> </tr> <tr> <td style="padding: 2px;"> D Ligori, Keith P 2102 W. Cleveland St. Tampa, FL 33606 </td> <td></td> </tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition of address	D Ligori, Keith P 2102 W. Cleveland St. Tampa, FL 33606													
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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:  DATE: 4/20/04 813-254-7119 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																					