2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90016 041 ***150.00

DOCUMENT # P03000114048

1. Entity Name
MICHAEL C. SASSO, P.A.

Principal Place of Business	Mailing Address
~~932 KERWOOD CIRCLE~~ ~~OVIEDO, FL 32765~~	~~932 KERWOOD CIRCLE~~ ~~OVIEDO, FL 32765~~

02082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1031 W. Morse Blvd.		1031 W. Morse Blvd.	
Suite, Apt. #, etc. Suite 260		Suite, Apt. #, etc. Suite 260	
City & State Winter Park FL		City & State Winter Park FL	
Zip 32789	Country USA	Zip 32789	Country USA

4. FEI Number 20-0339360 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SASSO, MICHAEL C ESQ.
~~932 KERWOOD CIRCLE~~
~~OVIEDO, FL 32765~~
1031 W. Morse Blvd. #260
Winter Park FL 32789

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 [signature] 2/9/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SASSO, MICHAEL C		NAME	1031 W. Morse Blvd., Suite 260	
STREET ADDRESS	~~932 KERWOOD CIRCLE~~		STREET ADDRESS	Winter Park, FL 32789	
CITY-ST-ZIP	~~OVIEDO, FL 32765~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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] 02/9/04 407-644-7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #