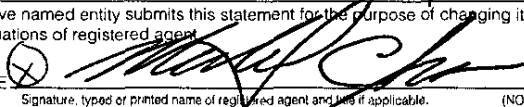


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 932 KERWOOD CIRCLE OVIEDO, FL 32765				Mailing Address 932 KERWOOD CIRCLE OVIEDO, FL 32765																																									
2. Principal Place of Business 1031 W. Morse Blvd. Suite, Apt. #, etc. Suite 260 City & State Winter Park FL Zip 32789		3. Mailing Address 1031 W. Morse Blvd. Suite, Apt. #, etc. Suite 260 City & State Winter Park FL Zip 32789																																											
Country USA		Country USA		02082004 Chg-P CR2E034 (10/03)																																									
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:  DATE: 2/9/04 Signature, typed or printed name of registered agent and fees 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:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> D SASSO, MICHAEL C 932 KERWOOD CIRCLE OVIEDO, FL 32765 </td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASSO, MICHAEL C 932 KERWOOD CIRCLE OVIEDO, FL 32765	☐ Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> ☐ Change ☐ Addition 1031 W. Morse Blvd., Suite 260 Winter Park, FL 32789 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1031 W. Morse Blvd., Suite 260 Winter Park, FL 32789														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASSO, MICHAEL C 932 KERWOOD CIRCLE OVIEDO, FL 32765	☐ Delete																																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1031 W. Morse Blvd., Suite 260 Winter Park, FL 32789																																												
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: 				02/9/04 407-644-7161 Date Daytime Phone #																																									