## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 692080** 

Entity Name: DRS. ZIELONKA & SANSOUCIE, P.A.

FILED Jan 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3702 SWANN AVE TAMPA, FL 33609 US

Current Mailing Address: New Mailing Address:

3702 W. SWANN AVE TAMPA, FL 33609

FEI Number: 59-2102553 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, P.A. 101 E. KENNEDY BLVD. SUITE 1000 P.O. BOX 1363 TAMPA, FL 33601

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: **PSTD** (X) Change ( ) Addition ZIELONKA, CARL L DDS SANSOUCIE, SUSAN D DDS Name: Name: 3702 SWANN AVENUE 3702 SWANN AVENUE Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ZIELONKA, CARL L DDS
 Name:

 Address:
 3702 SWANN AVE.
 Address:

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SANSOUCIE, SUSAN D DDS
 Name:

 Address:
 3702 SWANN AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN D. SANSOUCIE PRES 01/09/2004