


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90327 044 ***150.00

DOCUMENT # 626816 1. Entity Name AGLIANO & ASSOCIATES, INC.	
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Principal Place of Business 4950 GULF BLVD 727 MAINSAIL DR 105 Tampa, FL ST PETERSBURG, FL 33706 US 33602	Mailing Address PO BOX 26603 TAMPA, FL 33623 US
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1915094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
AGLIANO, JOHN B 4950 GULF BLVD #105 SAINT PETERSBURG, FL 33706	727 MAINSAIL DR. Tampa, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 <u>John B. Agliano</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>4-23-05</u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS AGLIANO, JOHN B. 4950 GULF BLVD #105 727 MAINSAIL DR. ST PETE BEACH, FL 33706 Tampa, FL 33602
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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 <u>John B. Agliano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-23-05</u> <u>8132214284</u> <small>Date Daytime Phone #</small>