


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 581360**  
 1. Entity Name  
 BOBO, CIOTOLI, BOCCHINO & NEWMAN, P.A.



Principal Place of Business      Mailing Address  
 1240 U.S. HWY 1                      1240 U.S. HWY 1  
 NORTH PALM BEACH, FL 33408    US      NORTH PALM BEACH, FL 33408    US

**DO NOT WRITE IN THIS SPACE**



01082004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1839299      Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BOBO, A RUSSELL  
 1240 U.S. HWY. 1  
 NORTH PALM BEACH, FL 33408

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when re-registering) \_\_\_\_\_ 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

TITLE	D
NAME	BOCCHINO, JOHN W
STREET ADDRESS	315 E ROBINSON ST STE 510
CITY - ST - ZIP	ORLANDO, FL
TITLE	VD
NAME	CIOTOLI, EUGENE L.
STREET ADDRESS	1240 U.S. HWY 1
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	NEWMAN, BENJAMIN W
STREET ADDRESS	315 E ROBINSON ST. STE 510
CITY - ST - ZIP	ORLANDO, FL
TITLE	P
NAME	BOBO, A. RUSSELL
STREET ADDRESS	1240 U.S. HWY 1
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

NONPROFIT 001  
 01/23/04-80061-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:**  **A. Russell Bobo** 1/13/04 561/684-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #