2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 581360

Entity Name

BOBO, CIOTOLI, BOCCHINO & NEWMAN, P.A.



Principal Place of Business

1240 U.S. HWY 1

NORTH PALM BEACH, FL 33408

Mailing Address

1240 U.S. HWY 1

NORTH PALM BEACH, FL 33408

FILED

Jan 23, 2004 08:00 AM Secretary of State

01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1839299

Applied For Not Applicable

5. Certificate of Status Desired ____

\$8.75 Additional

6. Name and Address of Current Registered Agent

BOBO, A RUSSELL 1240 U.S. HWY, 1 NORTH PALM BEACH, FL 33408

DO NOT WRITE

NONTH FALM BEAGINE SONO			IN THIS SPACE		
	named entity submits this statement for the prisons of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	gent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
TO. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOCCHINO, JOHN W 315 E ROBINSON ST STE 510 ORLANDO, FL VD CIOTOLI, EUGENE L. 1240 U.S. HWY 1 NORTH PALM BEACH, FL 33408	TORS		-	UOQARBOLIORI 01/23/84-80861-801 150.00
RITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, BENJAMIN W 315 E ROBINSON ST. STE 510 ORLANDO, FL P BOBO, A. RUSSELL 1240 U.S. HWY 1 NORTH PALM BEACH, FL 33408			-	NOT WRITE THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true 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 trusted employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attact/infehturity an address fivility of other like empowered.

SIGNATURE:

MARIF STREET ADDRESS City -ST-ZIP

NAME STREET ADDRESS