2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2004 08:00 AM **DOCUMENT # 596532** Secretary of State 1. Entity Name TANASE & ASSOCIATES, INC., CONSULTING **ENGINEERS** Principal Place of Business Mailing Address 3701 SWANN AVENUE TAMPA FL 33609 3701 SWANN AVENUE **TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1862387 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANASE, GEORGE P Street Address (P.O. Box Number is Not Acceptable) 1247 MONTICELLO BLVD. N. ST. PETERSBURG FL 33703 City 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 Signature typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PST Delete MIL ☐ Change Addition U00000035193 TANASE, GEORGE P. MAME NAME 02/06/04-80009-007 150.00 STREET ADDRESS 1247 MONTICELLO BLVD. N. STREET ADDRESS CITY ST ZIP ST. PETERSBURG FL CITY-ST-ZIP mee Detete THILE ☐ Add®ion Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY - ST - ZIP TITLE Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TETLE Dalete TETLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CHY-ST-ZIP TIBLE Delete 33513 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY - ST- 7/P

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:

GEORGE P. TANASE - P.E.

**FILED**