

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90010 005 ***150.00

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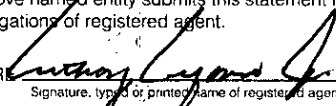
MOORE CR2E034 (4/04)

DOCUMENT # 616339			
1. Entity Name ANTHONY ALFONSO, JR., P.A.			
Principal Place of Business 601 E. TWIGGS STREET, SUITE 100 TAMPA FL 33602		Mailing Address 601 E. TWIGGS STREET, SUITE 100 TAMPA FL 33602	
2. Principal Place of Business 501 E. JACKSON ST.		3. Mailing Address 501 E. JACKSON ST.	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State TAMPA, FL.		City & State TAMPA, FL.	
Zip 33602	Country U.S.A.	Zip 33602	Country U.S.A.

4. FEI Number 59-1910009	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent ALFONSO, ANTHONY JR 601 TWIGGS ST SUITE 100 TAMPA FL		7. Name and Address of New Registered Agent Name ANTHONY ALFONSO JR. Street Address (P.O. Box Number is Not Acceptable) 501 E. JACKSON ST. SUITE 204 City TAMPA FL Zip Code 33602	
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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.

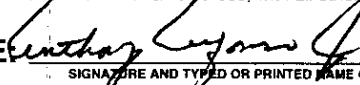
SIGNATURE  **ANTHONY ALFONSO, JR.** DATE **7-27-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFONSO, ANTHONY JR 601 TWIGGS ST., STE. 100 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. ANTHONY ALFONSO, JR. 501 E. JACKSON ST., STE 204 TAMPA, FL. 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  **ANTHONY ALFONSO, JR.** DATE **7-27-04 (813) 223-3113**

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