


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90038 010 ***150.00

DOCUMENT # 616510 1. Entity Name LORICCO, CROSLAND, JOINER & COMPANY, P.A.	
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Principal Place of Business 3005 CARING WAY STE A PORT CHARLOTTE, FL 33952	Mailing Address 3005 CARING WAY STE A PORT CHARLOTTE, FL 33952
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54019591



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1892838	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CROSLAND, BRIAN W 3005 CARING WAY, SUITE A PORT CHARLOTTE, FL 33952
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**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD LORICCO, CARLO J 4110 N. SHORE DR. 770 S. Palm Avenue CHARLOTTE, FL Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROSLAND, BRIAN W 2274 BREMEN CT PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOINER, J. SCOTT PO BOX 511087 PUNTA GORDA, FL 339511087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlo J. Loricco

Date

3/13/04

Daytime Phone #