



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90008 050 \*\*\*150.00

<b>DOCUMENT # 645693</b> 1. Entity Name THOMAS J. RISALVATO, C.P.A., P.A.					
Principal Place of Business 348 SW MIRACLE STREET PKWY SUITE 34 FORT WALTON BEACH, FL 32548 US			Mailing Address 348 SW MIRACLE STREET PKWY SUITE 34 FORT WALTON BEACH, FL 32548 US		
2. Principal Place of Business 151 Mary Esther Blvd. Suite, Apt. #, etc. 301 City & State Mary Esther, FL Zip 32569 Country USA		3. Mailing Address 151 Mary Esther Blvd. Suite, Apt. #, etc. 301 City & State Mary Esther, FL Zip 32569 Country USA			
4. FEI Number 59-1943709				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01142004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RISALVATO, THOMAS J 348 SW MIRACLE STRIP PWY FT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 151 MARY ESTHER BLVD SUITE 301 City MARY ESTHER, FL Zip Code 32569		
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: <u>Thomas J. Risalvato</u> 1-22-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RISALVATO, THOMAS J 348 SW MIRACLE STRIP PWY 34 FT WALTON BCH, FL 32543		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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: <u>Thomas J. Risalvato</u> THOMAS J. RISALVATO 1-21-04 850-244-8395 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					