

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90076 001 \*\*\*150.00

**DOCUMENT # 645693**

1. Entity Name  
THOMAS J. RISALVATO, C.P.A., P.A.



Principal Place of Business Mailing Address  
151 MARY ESTHER BLVD. 151 MARY ESTHER BLVD.  
301 301  
MARY ESTHER, FL 32569 US MARY ESTHER, FL 32569 US

**DO NOT WRITE IN THIS SPACE**



**50015269**

01162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1943709 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RISALVATO, THOMAS J  
151 MARY ESTHER BLVD  
SUITE 301  
MARY ESTHER, FL 32569

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RISALVATO, THOMAS J  
STREET ADDRESS 348 SW MIRCLE STRIP PWY 34  
CITY-ST-ZIP FT WALTON BCH, FL 32543

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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: *Thomas J. Risalvato* THOMAS J. RISALVATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/05

850-244-8395

Daytime Phone #