

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90003 044 \*\*\*158.75

**DOCUMENT # 656769**

1. Entity Name  
**MATUSEK, MCKNIGHT, POLUSE, CANGRO, P.A.**



Principal Place of Business  
**5235 16TH STR NO  
ST PETERSBURG, FL 33703 US**

Mailing Address  
**PO BOX 7729  
ST PETERSBURG, FL 33734-7729 US**

**54054607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082003

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-1973131**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKNIGHT, T. MICHAEL  
5235 16TH STR NO  
ST PETERSBURG, FL 33703**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete  
NAME **POLUSE, JANET**  
STREET ADDRESS **313 BAY ARBOR BLVD**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **PD** ☐ Delete  
NAME **MATUSEK, IVAN**  
STREET ADDRESS **12322 MALLORY DR**  
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **VTD** ☐ Delete  
NAME **MCKNIGHT, T MICHAEL**  
STREET ADDRESS **1355 PINELLAS BAYWAY #18**  
CITY-ST-ZIP **TIERRA VERDE, FL 33715**

TITLE **D** ☐ Delete  
NAME **CANGRO, LARRY**  
STREET ADDRESS **1898 77TH AVENUE NORTH**  
CITY-ST-ZIP **ST PETERSBURG, FL 33702**

TITLE **D** ☒ Delete  
NAME **DOSKEY, EDWARD**  
STREET ADDRESS **7311 WINCHESTER DR**  
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*T. Michael McKnight* **T. Michael McKnight** **V.P.** **5-14-04 (121)** **526-3444**

Date

Daytime Phone #