

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

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



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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

U000000319460
04/20/05-80099-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	POLUSE, JANET
STREET ADDRESS	313 BAY ARBOR BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	PD
NAME	MATUSEK, IVAN
STREET ADDRESS	12322 MALLORY DR
CITY-ST-ZIP	LARGO, FL 33774
TITLE	VTD
NAME	MCKNIGHT, T MICHAEL
STREET ADDRESS	1355 PINELLAS BAYWAY #18
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	D
NAME	CANGRO, LARRY
STREET ADDRESS	1898 77TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33702
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)(f), 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

4/15/05

Date

727-526-3444

Daytime Phone #