

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000006454

1. Entity Name
MUNICIPAL CAPITAL RESOURCES, INC.



Principal Place of Business

**5304 BURCHETTE RD
TAMPA, FL 33647**

Mailing Address

**5304 BURCHETTE RD
TAMPA, FL 33647**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0369764

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRIMPOLI, BRUNO D
5304 BURCHETTE RD
TAMPA, FL 33647**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000124701

04/22/04-80055-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRIMPOLI, BRUNO D
STREET ADDRESS	5304 BURCHETTE ED
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	SD
NAME	HAYNES, SHARON
STREET ADDRESS	2121 W. DALLAS AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	VC
NAME	TRIMPOLI, LUCRETIA
STREET ADDRESS	251 ALTAMONT AVE
CITY-ST-ZIP	SCHENECTADY, NY 12303
TITLE	D.
NAME	ALAMI, SUZANNE
STREET ADDRESS	11 RHONDA LANE
CITY-ST-ZIP	COMMACK, NY 11725
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)(b), 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

Date

Daytime Phone #