2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# F15719

Entity Name: FLORIDA CONSULTING CONTRACTORS, INC.

Current Principal Place of Business:

11327 43RD ST N
CLEARWATER, FL 346224923

New Principal Place of Business:

Current Mailing Address:

11327 43RD ST N
CLEARWATER, FL 346224923

New Mailing Address:

FEI Number: 59-2106536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGELO DISALVATORE
11327 43RD ST N
CLEARWATER, FL 33520

Name and Address of New Registered Agent:

ALLBRITTEN, JAMES K
11327 43RD ST N
CLEARWATER, FL 33520

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.

SIGNATURE: JAMES K ALLBRITTEN 03/03/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MARCIANO, FRANKLIN A,	
Address:	11327 - 43RD ST NORTH	
City-St-Zip:	CLEARWATER, FL 33520	
Title:	PD	( ) Delete
Name:	DISALVATORE, ANGELO, J	
Address:	11327 - 43RD ST NORTH	
City-St-Zip:	CLEARWATER, FL 33520	
Title:	D	( ) Delete
Name:	FABRIZI, RICHARD J SR	
Address:	6001-51ST ST S	
City-St-Zip:	ST PETERSBURG, FL	
Title:	S	( ) Delete
Name:	ALLBRITTEN, JAMES K	
Address:	11327 43RD ST N	
City-St-Zip:	CLEARWATER, FL 33762	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	DISALVATORE, JOSEPH P	
Address:	11327 - 43RD ST NORTH	
City-St-Zip:	CLEARWATER, FL 33520	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K ALLBRITTEN S 03/03/2004
Electronic Signature of Signing Officer or Director — Date