


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90260 023 ***150.00

DOCUMENT # F99000004264 1. Entity Name WILLIAM F. COSULICH ASSOCIATES, P.C.					
Principal Place of Business 330 CROSSWAYS PARK DRIVE WOODBURY, NY 11797-2015			Mailing Address 330 CROSSWAYS PARK DRIVE WOODBURY, NY 11797-2015		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCB BARTILUCCI, NICHOLAS J 355 STILLWELL LANE LAUREL HOLLOW, NY 11791		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHLUPSA, HENRY J 3 CLOVER DRIVE SMITHTOWN, NY 11787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTER, THOMAS F 20 BEECHWOOD DR GLEN HEAD, NY 11545		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Maher, Thomas F. 20 Beechwood Dr. Glen Head, NY 11545 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNS, ROBERT T 8 HEIRO CT FORT SALONGA, NY 11768		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pytlar, Theodore S. 55 Rustic Trail Raritan Township, NJ 08822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FANGMANN, STEVEN A 239 SOUTHWOOD CIR SYOSSET, NY 11791		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKA, RICHARD M 12 CREEK RIDGE RD BAYVILLE, NY 11709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Nicholas J. Bartilucci</i> NICHOLAS J. BARTILUCCI 4/20/04 516-364-9890 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <div style="text-align: center;">PRESIDENT</div>					