


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90041 001 ***175.00

DOCUMENT # H25006 1. Entity Name GUARNIERI, MARTINEZ & ODOM, PA	
---	---

Principal Place of Business 1111 OAKFIELD DR SUITE 115 BRANDON, FL 33511	Mailing Address 1111 OAKFIELD DR SUITE 115 BRANDON, FL 33511
---	---

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2456679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUARNIERI, JAMES W.
1111 OAKFIELD DR
SUITE 1151
BRANDON, FL 33511

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

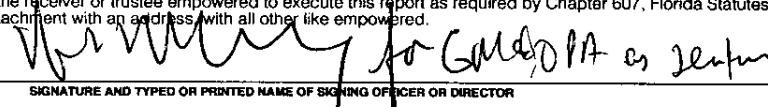
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUARNIERI, JAMES W. 1111 OAKFIELD DR STE 115 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARTINEZ, NERI L 1111 OAKFIELD DR STE 115 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ODOM, RALPH 1111 OAKFIELD DR STE 115 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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** _____ Date _____ Daytime Phone # **(813) 685-4414**