

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90318 016 \*\*\*150.00

**DOCUMENT # H33920**

1. Entity Name  
**MICHAEL MUSETTA & ASSOCIATES, INC.**



Principal Place of Business  
**ONE TAMPA CITY CENTER, SUITE 3400  
TAMPA, FL 33602**

Mailing Address  
**ONE TAMPA CITY CENTER, SUITE 3400  
TAMPA, FL 33602**

**14013385**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2469890**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MUSETTA, MICHAEL  
201 N. FRANKLIN STREET, SUITE 2800  
SUITE 3400  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **Musetta, Michael**

Street Address (P.O. Box Number is Not Acceptable)

**201 N. Franklin Street, Suite 3400**

City

**Tampa**

**FL**

Zip Code  
**33602**

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

*Michael Musetta*

**MICHAEL MUSETTA**

**4-26-04**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete  
NAME **MUSETTA, MIKE**  
STREET ADDRESS **7218 WAREHAM DR**  
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **P/V** ☒ Change ☐ Addition  
NAME **Musetta, Michael**  
STREET ADDRESS **2314 North Riverside Drive**  
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **S** ☐ Delete  
NAME **MUSETTA, CYNTHIA**  
STREET ADDRESS **7218 WAREHAM DR**  
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **S/T** ☒ Change ☐ Addition  
NAME **Musetta, Cynthia**  
STREET ADDRESS **2314 North Riverside Drive**  
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Michael Musetta*

**MICHAEL MUSETTA**

**4-26-04 813-221-3171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #