


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # H33920 1. Entity Name MICHAEL MUSETTA & ASSOCIATES, INC.	
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Principal Place of Business ONE TAMPA CITY CENTER, SUITE 3400 TAMPA, FL 33602	Mailing Address ONE TAMPA CITY CENTER, SUITE 3400 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2469890	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

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

**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000188229 01/24/05-80048-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV MUSETTA, MIKE 2314 NORTH RIVERSIDE DRIVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUSETTA, CYNTHIA 2314 NORTH RIVERSIDE DRIVE TAMPA, FL 33602
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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 307, 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 1-17-05 813-221-3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILE
WRITE**