


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H69820</b> 1. Entity Name <b>TRAWLER MICHAEL ANTHONY, INC.</b>	
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Principal Place of Business <b>2440 WORL PKWY BLVD APT 56 CLEARWATER, FL 33763 US</b>	Mailing Address <b>2440 WORL PKWY BLVD APT 56 CLEARWATER, FL 33763 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2576246</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>VONA, SAM SR. 2440 WORLD PKWY, BLVD #56 CLEARWATER, FL 33763</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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	P VONA, MICHAEL ANTHONY 2440 WORLD PKWY APT 56 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VONA, NINA E. 2440 WORLD PKWY BLVD #56 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VONA, SAM 2440 WORLD PKWY BLVD #56 CLEARWATER, FL 33763
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/22/04-80001-017 150.00

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: *Sam Vona* 1-19-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #