2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # H72737 J. CAMPAGNA, CPA, P.A.			04-05-20	04 90060 022 ***15	0.00	
Principal Place	e of Business	Mailing Address		<u> </u>			
,	ERAL HWY #411	2424 N FEDERAL HWY #4 BOCA RATON, FL 33431	1 1		94043507		
2. Principal P	lace of Business PLMETTO PRA	3. Mailing Address 5970 S, ω,	18 th ST ST EX	*****			
Suite, Apt. # etc. 3 N		Suite-Apt. #, etc.		03112004 Chg-P CR2E034 (10/03)			
City & State	a Raton FL	Boca Ruto	N FL	4. FEI Number 59-2584292		olied For Applicable	
33 X	Country US	33433	Country	5. Certificate of Status Desired	\$8.75 Addi Fee Required	tional	
	6. Name and Address of Current Ro	egistered Agent		7. Name and Address of New	Registered Agent		
CAMPAGNA, DONALD J.				Name Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON, FL 33431 →							
-				BOCO RALMETTO PK Ref # 203 N BOCO RATON FL Zip Cgda 433			
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 obligat	tions of registered agent.			•			
.SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered Agent signature requ	uired when reinstating)	DATE		
<u></u>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees			
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS	31N 11	
TITLE	PD	☐ Delete	TITLE		Change	Addition	
NAME STREET ADDRESS	CAMPAGNA, DONALD J. - 2424 N FEDERAL HWY #4 11		NAME STREET ADDRESS 7	286 W. PALMETTO	PK Kd # 203	~	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	286 W. PRIMETTO BOCA Raton	Fr 33433		
TITLE		☐ Delete	TITLE		Change	Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE		☐ Change	Addition	
NAME		□ pelets	NAME		Shange	, riadition	
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CITY-ST-ZIP			CITY-ST-ZIP				
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CITY-ST-ZIP	1						
			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME		☐ Delete	TITLE NAME		☐ Change	Addition	
NAME STREET ADDRESS		☐ Delete	TITLE		☐ Change	Addition	
NAME		□ Delete	TITLE NAME STREET ADDRESS		☐ Change	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. The all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPE

STREET ADDRESS

CITY-ST-ZIP

DONALD J. CAMPAGNA

3/31/04 (561)417-3737