

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # H84747 1. Entity Name M.B.R. AND ASSOCIATES, INC.			
Principal Place of Business 4519 GEORGE RD 100 TAMPA, FL 33634		Mailing Address 4519 GEORGE RD 100 TAMPA, FL 33634	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-2651166	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
RUGG, JOE ESQ 100 S ASHLEY ST 1500 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000051458 02/16/04-80052-015 158.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CACCIATORE, BECKY M. 603 N WOODLYNNE AVE TAMPA, FL 33609		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CACCIATORE, RICHARD A. 603 N WOODLYNNE AVE TAMPA, FL 33609		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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: 		2/10/04 813-496-1075 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			