

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90040 003 \*\*\*150.00

**DOCUMENT # K08409**

1. Entity Name

SAIEVA, ROUSSELLE & STINE, P.A.



Principal Place of Business

800 W DELEON ST  
TAMPA FL 33606-9722

Mailing Address

800 W DELEON ST  
TAMPA FL 33606-9722

**54021049**



MOORE CR2E034 (11/03)

2. Principal Place of Business

601 West Swann Ave

3. Mailing Address

601 West Swann Ave

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite A

City & State

Tampa, Fla

City & State

Tampa, FL

Zip

33606

Country

Hillsborough

Zip

33606

Country

Hillsborough

4. FEI Number

59-2862976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAIEVA, THOMAS  
800 W DELEON ST  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name Thomas Saieva

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

601 West Swann Ave Suite B

City Tampa

FL

Zip Code 33606

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	ROUSSELLE, PAULA WALSH	
STREET ADDRESS	800 W DELEON ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SAIEVA, TOM	
STREET ADDRESS	800 W DELEON ST	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Paula Roussele  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA ROUSSELLE

3-18-04

Date

813-254-6122

Daytime Phone #