

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # K08435

1. Entity Name
GIBBONS AND MELENDI, P.A.



Principal Place of Business

**% JOSEPH E. MELENDI
300 N FRANKLIN ST
TAMPA, FL 33602**

Mailing Address

**% JOSEPH E. MELENDI
300 N FRANKLIN ST
TAMPA, FL 33602**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2815928

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MELENDI, JOSEPH E.
300 N FRANKLIN ST
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

Joseph E. Melendi

Pres

1/29/2004

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000030868
02/04/04-80128-002 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------|
| TITLE | DPT |
| NAME | MELENDI, JOSEPH E. |
| STREET ADDRESS | 300 N FRANKLIN ST |
| CITY - ST - ZIP | TAMPA, FL 33602 |
| TITLE | S |
| NAME | MELENDI, JOSEPH E |
| STREET ADDRESS | 300 N FRANKLIN ST |
| CITY - ST - ZIP | TAMPA, FL 33602 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**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:

Joseph E. Melendi, Pres

1/29/2004

813-228-0853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #