

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT# K33939 1. Entity Name BRUCEM.SZABO,C.P.A.,P.A.	
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Principal Place of Business 611 DRUID ROADE SUITE 717 CLEARWATER, FL 33756 US	Mailing Address 611 DRUID ROADE SUITE 717 CLEARWATER, FL 34616 US
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DO NOT WRITE IN THIS SPACE



03112004 NoChg-P CR2E034(10/03)

4. FEI Number 59-2909745	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SZABO, BRUCEM
611 DRUID ROADE SUITE 717
CLEARWATER, FL 33756

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IN THIS SPACE**

8. The abovenamed 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 obligation of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required where Installing) DATE

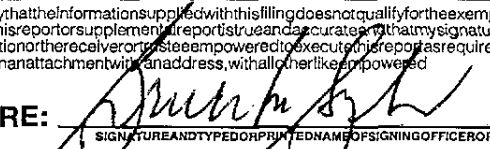
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SZABO, BRUCEM 611 DRUID ROADE SUITE 717 CLEARWATER, FL 33756
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03/22/04-80032-008 150.00

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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 supplement thereto 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#