


07/02/2004 10:07 5616552501

JAMES W CLARI

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90002 004 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # K61149</b><br>1. Entity Name<br><b>ANTHONY R. MASILOTTI INSURANCE AGENCY, INC.</b>  |   |   |   |    |  |
| Principal Place of Business<br><b>1246 ROYAL PALM BEACH BLVD.<br/>         ROYAL PALM BEACH, FL 33411</b>   |   |   | Mailing Address<br><b>1246 ROYAL PALM BEACH BLVD.<br/>         ROYAL PALM BEACH, FL 33411</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                      |   |  |
| 5. Name and Address of Current Registered Agent<br><b>MASILOTTI, ANTHONY R<br/>         1246 ROYAL PALM BEACH BLVD.<br/>         ROYAL PALM BEACH, FL 33411</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |
| 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.<br>SIGNATURE _____ DATE _____<br><small>(Signature, name of person or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing))</small>  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         After May 1, 2004 Fee will be \$350.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DPS<br>MASILOTTI, ANTHONY R.<br>1246 ROYAL PLM. BCH. BLV<br>ROYAL PALM BCH., FL | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>MASILOTTI, ANTHONY R.<br>1246 ROYAL PLM. BCH. BLV<br>ROYAL PALM BCH., FL   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemented 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR</small>   |   |   | 7/2/04<br>Date  |   |  |

54059847



04242004 Chg-P CR2E034 (10/03)

 4. FEI Number: **65-0122021** Applied For: ☐ Not Applicable: ☐

 5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**



TONY MASILOTTI  
Agent  
1246 Royal Palm Beach Boulevard  
Royal Palm Beach, FL 33411

Attachment  
Dr. # K61149  
54059847

July 2, 2004

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

Re: K61149

Gentlemen (Ladies):

I am enclosing my executed 2004 For-profit Corporation Annual Report along with our check in the amount of \$150.00.

I am also writing to request abatement of the \$400.00 late charge assessment. I was told that the actual report was not sent out this year, but was replaced by a postcard form of notification. This would explain why I never received the familiar green and white envelope. My staff does not recall receiving such a postcard in the very large volume of mail we receive on a daily basis. I have therefore downloaded the enclosed form from the Internet in order to file this report.

I would hope that you can understand the reason for this not being filed in the first place. I can also imagine that there are a great many others who are in this same situation. Therefore, I respectfully request that you reconsider and abate the penalty referred to in the postcard we received today. Thank you.

Sincerely,

Anthony R. Masilotti,  
President