2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90507 043 ***150.00

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1. Entity Name
LABARBERA AND ASSOCIATES, INC.

54040058

Principal Place of Business	Mailing Address
2901 W BUSCH BLVD. SUITE 610 TAMPA, FL 33618 US	2901 W BUSCH BLVD. SUITE 610 TAMPA, FL 33618 US

01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2941509
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LABARBERA, ~~GERALDINE G.~~ Dominick G.
2901 W. BUSCH BLVD
STE 610
TAMPA, FL 33624

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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: D. L. Labarbera Sec/Treas.
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LABARBERA, GERALDINE G
STREET ADDRESS	2901 W. BUSCH BLVD. STE. 610
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	LABARBERA, DOMINICK G
STREET ADDRESS	2901 W. BUSCH BLVD. STE. 610
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	LABARBERA, MICHAEL G
STREET ADDRESS	2901 W. BUSCH BLVD. STE. 610
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	LABARBERA, SCOTT D
STREET ADDRESS	2901 W. BUSCH BLVD. STE. 610
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: D. L. Labarbera Sec. Treas. 4/21/04 (813)9360665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #