2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90102 040 ***150.00

DOCUMENT # L88175

1. Entity Name

CATANIA & CATANIA, PROFESSIONAL ASSOCIATION

50028561

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD. STE. ~~101~~ 2400 TAMPA FL 33602 US	101 E. KENNEDY BLVD. STE. 101 TAMPA FL 33602 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
101 E. Kennedy Blvd	
Suite, Apt. #, etc. Suite 2400	Suite, Apt. #, etc.
City & State Tampa, Fla	City & State
Zip 33602 Country US	Zip Country

4. FEI Number 59-3129566 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CATANIA, PAUL B. 101 E. KENNEDY BLVD. ~~STE. 101~~ TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) Suite 2400 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.

SIGNATURE [signature] Catania X [signature] 1·19·05

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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ☐ Delete CATANIA, PAUL B 101 E. KENNEDY BLVD. STE. ~~101~~ TAMPA FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Suite 2400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD ☐ Delete CATANIA, PETER F. 101 E. KENNEDY BLVD. STE. ~~101~~ TAMPA FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Suite 2400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] President 1·19·05

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