



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | | |
|---|---------------------|--|
| DOCUMENT # L94043 | |  |
| 1. Entity Name A. MURRO & ASSOCIATES, INC. | | |
| Principal Place of Business 8198 TERRACE GARDEN 511 ST PETERSBURG, FL 33709-7075 US | | Mailing Address 8198 TERRACE GARDEN DR 511 ST PETERSBURG, FL 33709-7075 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MURRO, ANTHONY A. 8198 TERRACE GARDEN DR ST PETERSBURG, FL 33709 | |  |
| | | 04282004 No Chg-P CR2E034 (10/03) |
| DO NOT WRITE IN THIS SPACE | | 4. FEI Number 13-2746305 |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | DP | DO NOT WRITE IN THIS SPACE |
| NAME | MURRO, ANTHONY A. | |
| STREET ADDRESS | 8198 TERRACE GARDEN | |
| CITY - ST - ZIP | ST PETERSBURG, FL | |
| TITLE | DVS | |
| NAME | MURRO, PATRICIA A. | |
| STREET ADDRESS | 8198 TERRACE GARDEN | |
| CITY - ST - ZIP | ST PETERSBURG, FL | DO NOT WRITE IN THIS SPACE |
| TITLE | T | |
| NAME | MURRO, PATRICIA A. | |
| STREET ADDRESS | 14483 NEPTUNE RD | |
| CITY - ST - ZIP | SEMINOLE, FL | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| 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: _____ | | Date: 4/28/04 727-545-2486 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # |