


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M66867	
1. Entity Name ZAPPALA, MUSCARELLA & ASSOCIATES, INC.	

Principal Place of Business 1553 CRESTWOOD LANE PALM HARBOUR, FL 34683 US	Mailing Address 1553 CRESTWOOD LANE PALM HARBOUR, FL 34683 US
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2879630	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MUSCARELLA, FRANK J.
1553 CRESTWOOD LANE
PALM HARBOR, FL 34683

**DO NOT WRITE
IN THIS SPACE**

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, 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	PD
NAME	MUSCARELLA, FRANK J
STREET ADDRESS	1553 CRESTWOOD LANE
CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	SD
NAME	ZAPPALA, CAROLE V
STREET ADDRESS	PO BOX 66596
CITY - ST - ZIP	ST PETERSBURG BEACH, FL 337366596
TITLE	D
NAME	ZAPPALA, JOSEPH
STREET ADDRESS	1085 PARK AVE
CITY - ST - ZIP	NY, NY 10128
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000116338
04/16/04-80063-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** 4/14/04 **Daytime Phone** 727-784-1022