2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90456 008 ***150.00

DOCUMENT # M78582 1. Entity Name LINO AND ASSOCIATES, INC.				05-03-2004	90456 008 ***15	0.00	
Principal Place of Business	· Mailing Address						
6515 1ST AVE S ST PETERSBURG, FL 33707 US	6515 1ST AVE S St Petersburg, FL 337	07 US					
2. Principal Place of Business 6765 W. Riverbend Ro Suite, Apt. #, etc.	3. Mailing Address G 65 W. (C) Suite, Apt. #, etc.	verbend	R.L.		{		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04302004	Chg-P	CR2E034 (10/03)		
Dunnellon >1	Dunnellon.		4. FEI Numb 59-288		— — — — — — — — — — — — — — — — — — —	oplied For ot Applicable	
Zip Country	Zip	Country	5 Certificate	of Status Desired	\$8.75 Add	ditional	
-3-4433	at Begintered Agent	<u> </u>		d Address of New I		ed 27	
o. Name and Address of Ourier	it negistered Agein	Name	7. 1481112 011	a Address of Iven	registered Agent		
TROUP, DAVID 3701 CENTRAL AVE. ST. PETERSBURG, FL 33713		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
SI. PETERSBURG, FL 33/13			<u></u> _				
		City			FL Zip Goo	de	
8. The above named entity submits this statement	for the purpose of changing its re-	gistered office or	registered agent, or b	oth, in the State of F	lorida. I am familiar with	, and accept	
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Agent signatur	re required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
	D DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
TITLE P	☐ Delete	TITLE			Change	Addition	
NAME LINO, ALFRED L JR. STREET ADDRESS 6515 1ST AVE S.		NAME STREET ADDRESS	6765 W	. Riverb	and Rd		
CITY-ST-ZIP ST. PETERSBURG, FL 33707		CITY-ST-ZIP	Dunnella	n. 71 3	Ε Ενν		
TITLE VP NAME WILBANKS, CONNIE M	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS 6515 1ST AVE S.		STREET ADDRESS	6765 W.	Riverho	end Rd	i	
CITY-ST/ZIP ST. PETERSBURG, FL		STILLET ADDITION	C 1 C -		⊷		
,		CITY-ST-ZIP	Dunnella				
TITLE :	☐ Delete	CITY-ST-ZIP				Addition	
TITLE NAME STREET ADDRESS	Delote	CITY-ST-ZIP			1433	Addition	
NAME .	☐ Delete	CITY-ST-ZIP TITLE NAME			1433	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			1433	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	·	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			(<u>Ч 3 5</u> ☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	·	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			(<u>Ч 3 5</u> ☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Delete ☐ Delete ☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME			☐ Change ☐ Change ☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Delete ☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			☐ Change ☐ Change ☐ 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: __

4/29/04 <u> 727-384-370</u>0