



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90424 007 ****61.25

DOCUMENT # N03000004032			
1. Entity Name REMOVING THE BARRIERS, INC.			
Principal Place of Business 4035 TAMPA ROAD SUITE 6000-R OLDSMAR, FL 34677		Mailing Address 4035 TAMPA ROAD SUITE 6000-R OLDSMAR, FL 34677	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 51-0470206	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FICCA, JOHN L 6107 MEMORIAL HIGHWAY SUITE E-4 TAMPA, FL 33615		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICCA, JOHN L	NAME	
STREET ADDRESS	6107 MEMORIAL HWY STE E-4	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPALMERO, DIANNE	NAME	
STREET ADDRESS	100 S. ASHLEY STREET 40TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPEL, DAVID	NAME	401 East Jackson St., Suite 3400
STREET ADDRESS	401 EAST JACOSN STREET SUITE 3400	STREET ADDRESS	Tampa, FL 33602
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSETT, STEPHEN M	NAME	
STREET ADDRESS	4035 TAMPA ROAD SUITE 6000-R	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABER, ROBERT	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABB, RICHARD	NAME	
STREET ADDRESS	8203 ROYAL SANDS CLUB CIR APT 112-B	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	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 617, 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 the empowered.			
SIGNATURE: 		Date: 4/28/04 Daytime Phone #: 813-222-7555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	