



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90022 015 \*\*\*150.00

<b>DOCUMENT # P00000044812</b>					
<b>1. Entity Name</b> ERIC J. KUSKE, P.A.					
<b>Principal Place of Business</b> 500 EAST KENNEDY BOULEVARD SUITE 101 TAMPA, FL 33602			<b>Mailing Address</b> 500 EAST KENNEDY BOULEVARD SUITE 101 TAMPA, FL 33602		
<b>2. Principal Place of Business</b> 505 E. Jackson Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 505 E. Jackson Street Suite, Apt. #, etc.		24012124 	
<b>City &amp; State</b> Tampa, Florida 33602		<b>City &amp; State</b> Tampa, Florida 33602		01222004    Chg-P    CR2E034 (10/03)	
<b>Zip</b> USA		<b>Zip</b> USA		<b>4. FEI Number</b> 59-3641377	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> KUSKE, ERIC J 500 EAST KENNEDY BOULEVARD SUITE 101 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 505 E. Jackson Street City    Tampa, Florida <b>FL</b> Zip Code    33602		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> KUSKE, ERIC J <input type="checkbox"/> Delete		<b>TITLE</b> _____	<b>NAME</b> _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 500 EAST KENNEDY BOULEVARD, SUITE 101	<b>CITY-ST-ZIP</b> TAMPA, FL 33602		<b>STREET ADDRESS</b> 505 E. Jackson Street	<b>CITY-ST-ZIP</b> Tampa, Florida 33602	
<b>TITLE</b> _____	<b>NAME</b> _____ <input type="checkbox"/> Delete		<b>TITLE</b> _____	<b>NAME</b> _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____	
<b>TITLE</b> _____	<b>NAME</b> _____ <input type="checkbox"/> Delete		<b>TITLE</b> _____	<b>NAME</b> _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____	
<b>TITLE</b> _____	<b>NAME</b> _____ <input type="checkbox"/> Delete		<b>TITLE</b> _____	<b>NAME</b> _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____	
<b>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.</b>					
<b>SIGNATURE:</b> _____			2/9/04 Date    Daytime Phone #		