


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90021 010 \*\*\*150.00

<b>DOCUMENT # P01000005151</b> 1. Entity Name <b>ANDREW CIAMBRONE, O.D., P.A.</b>			
Principal Place of Business <b>5017 WILLIAMSTOWN BLVD LAKELAND, FL 33810</b>		Mailing Address <b>5017 WILLIAMSTOWN BLVD LAKELAND, FL 33810</b>	
2. Principal Place of Business <b>2680 Sleepy Hollow Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>2680 Sleepy Hollow Lane</b> Suite, Apt. #, etc.	
City & State <b>Lakeland FL</b>		City & State <b>Lakeland FL</b>	
Zip <b>33810</b>		Zip <b>33810</b>	
Country		Country	
4. FEI Number <b>59-3692172</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CIAMBRONE, ANDREW 5017 WILLIAMSTOWN BLVD LAKELAND, FL 33810</b>		7. Name and Address of New Registered Agent Name <b>Andrew Ciambone</b> Street Address (P.O. Box Number is Not Acceptable) <b>2680 Sleepy Hollow Lane</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33810</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. SIGNATURE: <u><i>Andrew Ciambone</i></u> <span style="float: right;">1-19-04</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREW, CAMEROME 5017 WILLIAMS TOWN BLVD LAKELAND, FL 33810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Andrew Ciambone 2680 Sleepy Hollow Lane Lakeland FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Andrew Ciambone</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-19-04</u> Daytime Phone # <u>863-855-0735</u>	

#101000005151  
54000040

To whom it may concern,

I filed on-line.

I was cut-off by  
web-site before completing  
payment.

Thank you

Andrew Ciambone

Andrew Ciambone