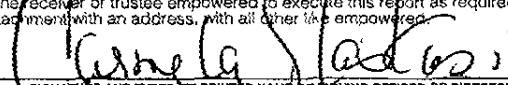


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000019585 1. Entity Name NASTASI & ASSOCIATES, INC.			
Principal Place of Business 339 BAY ARBOR BLVD OLDSMAR, FL 34677		Mailing Address 339 BAY ARBOR BLVD OLDSMAR, FL 34677	
DO NOT WRITE IN THIS SPACE			
			
		02242004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3703271	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASTASI, CARMELA 339 BAY ARBOR BLVD OLDSMAR, FL 34677		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
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	U00000083569 03/10/04-80044-017 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D NASTASI, PETER J 339 BAY ARBOR BLVD OLDSMAR, FL 34677	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D NASTASI, CARMELA 339 BAY ARBOR BLVD OLDSMAR, FL 34677	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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 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: 		3/1/04 Date Daytime Phone #	