




2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90222 049 ***150.00

DOCUMENT # P01000026169 1. Entity Name STEVEN TRABAYKO, P.A.																													
Principal Place of Business 13825 U.S. HIGHWAY 19 SUITE 404-D HUDSON, FL 34667			Mailing Address 13825 U.S. HIGHWAY 19 SUITE 404-D HUDSON, FL 34667																										
2. Principal Place of Business 4038 Madison St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1024 Suite, Apt. #, etc.																											
City & State New Port Richey, FL		City & State Port Richey, FL		4. FEI Number 59-3704847																									
Zip 34652		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TRABAYKO, STEVEN 13825 U.S. HWY. 19, SUITE 404 HUDSON, FL 34667				7. Name and Address of New Registered Agent Name Steven Trabayko Street Address (P.O. Box Number is Not Acceptable) 4038 Madison St. City New Port Richey FL Zip Code 34652																									
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  </div> <div style="width: 30%;"> Steven Trabayko, Esquire </div> <div style="width: 30%;"> 04/28/2004 </div> </div> <div style="text-align: center; font-size: small;"> (NOTE: Registered Agent signature required when reinstating) </div>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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 another like empowered. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  </div> <div style="width: 30%;"> President </div> <div style="width: 30%;"> 04/28/2004 </div> </div> <div style="text-align: right;"> (727) 815-1700 </div> <div style="text-align: center; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR </div>																													