


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000091872 1. Entity Name CLAUDIO COMMUNITY SERVICES, INC.	
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Principal Place of Business 4520 5 AVE NO ST PETERSBURG, FL 33713	Mailing Address 4520 5 AVE NO ST PETERSBURG, FL 33713
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent JAMES ACCT & TAX SVC, INC 2942 49TH ST N SAINT PETERSBURG, FL 33710
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01262004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3745017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____

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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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAUDIO JR, MICHAEL 4520 5TH AVENUE NO SAINT PETERSBURG, FL 33713
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**DO NOT WRITE
IN THIS SPACE**

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: MICHAEL CLAUDIO 2-20-04 727-498-2982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #