2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000104472

1. Entity Name
J. MICHAEL FRASCONE AND CO., INC.

Principal Place of Business	Mailing Address
9105 REGENTS PARK DRIVE TAMPA, FL 33647	9105 REGENTS PARK DRIVE TAMPA, FL 33647

05012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0016481
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRASCONE, JOHN
9105 REGENTS PARK DRIVE
TAMPA, FL 33647

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 _____ DATE
Signature, typed or printed name of registered agent and the date. If applicable, NOTE: Signature required when changing registered agent.

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000155460
05/05/04-80038-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRASCONE, JOHN
STREET ADDRESS	9105 REGENTS PARK DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: JOHN FRASCONE *J. Michael Frascone* May 1, 2004 (813) 785-7695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #