2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90030 032 ***550.00

DOCUMENT # P02000002022

1. Entity Name
JAMES R. DE FURIO, P.A.

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD. SUITE 1030 TAMPA, FL 33602	4117 W. DE LEON ST. TAMPA, FL 33609

54061869

07072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
201 E. Kennedy		P.O. Box 172717	
Suite, Apt. #, etc. Suite 1460		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33602	Country Hillsborough	Zip 33672-0717	Country Hillsborough

4. FEI Number 80-0023346 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE FURIO, JAMES R
101 E KENNEDY BLVD
STE 1030
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: De Furio, James R.
Street Address (P.O. Box Number is Not Acceptable): 201 E. Kennedy Blvd., Suite 1460
City: Tampa FL Zip Code: 33602

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 [signature] Pres DATE 7-8-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE FURIO, JAMES R 4117 W. DE FURIO TAMPA, FL 33609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P De Furio, James R. 201 E. Kennedy Blvd., Suite 1460 Tampa, FL 33609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] James R. DeFurio 7-8-04 813-229-0160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #