2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2004
Secretary of State

DOCUMENT# P02000016455

Entity Name: SCOTT CAPELO-FINE P.A.

Current Principal Place of Business:

16101 MUIRFIELD DR.
ODESSA, FL 33556

New Principal Place of Business:

1603 REGAL MIST LOOP
NEW PORT RICHEY, FL 34655

Current Mailing Address:

16101 MUIRFIELD DR.
ODESSA, FL 33556

New Mailing Address:

1603 REGAL MIST LOOP
NEW PORT RICHEY, FL 34655

FEI Number: 38-3642561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPELO-FINE, SCOTT A
16101 MUIRFIELD DR.
ODESSA, FL 33556

Name and Address of New Registered Agent:

CAPELO-FINE, SCOTT A
1603 REGAL MIST LOOP
NEW PORT RICHEY, FL 34655

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.

SIGNATURE: SCOTT A. CAPELO-FINE 04/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAPELO-FINE, SCOTT A
Address: 16101 MUIRFIELD DR.
City-St-Zip: ODESSA, FL 33556

Title: SD ( ) Delete
Name: CAPELO-FINE, MARIA I
Address: 16101 MUIRFIELD DR.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAPELO-FINE, SCOTT A
Address: 1603 REGAL MIST LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD (X) Change ( ) Addition
Name: CAPELO-FINE, MARIA I
Address: 1603 REGAL MIST LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A. CAPELO-FINE PD 04/11/2004
Electronic Signature of Signing Officer or Director Date