

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 06, 2005 8:00 am**  
**Secretary of State**

01-06-2005 90001 049 \*\*\*150.00

**DOCUMENT # P02000045952**

1. Entity Name  
**LAW OFFICES OF LISA ESPOSITO, P.A.**



Principal Place of Business  
**4830 W. KENNEDY BLVD.  
SUITE 335  
TAMPA, FL 33609**

Mailing Address  
**4830 W. KENNEDY BLVD.  
SUITE 335  
TAMPA, FL 33609**

**50000154**



2. Principal Place of Business  
**3606 W. SWANN AVE.  
Suite, Apt. #, etc.**

3. Mailing Address  
**3606 W. SWANN AVE.  
Suite, Apt. #, etc.**

01042005 Chg-P CR2E034 (10/03)

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

4. FEI Number  
**30-0067355**

Applied For  
Not Applicable

Zip  
**33609**

Country  
**USA**

Zip  
**33609**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**ESPOSITO, LISA A  
4830 W. KENNEDY BLVD.  
SUITE 335  
TAMPA, FL 33609**

**7. Name and Address of New Registered Agent**

Name  
**ESPOSITO, LISA A**  
Street Address (P.O. Box Number is Not Acceptable)  
**3606 W. SWANN AVE.**  
City  
**TAMPA** **FL** Zip Code  
**33609**

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 Lisa A Esposito, President  
Signature, typed or printed name of registered agent and title if applicable.

[Signature]  
(NOTE: Registered Agent signature required when transferring)

**1-4-05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
ESPOSITO, LISA A  
4830 WEST KENNEDY BLVD., STE 335  
TAMPA, FL 33609** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
ESPOSITO, LISA A  
3606 WEST SWANN AVENUE  
TAMPA, FL 33609** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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: Lisa A Esposito, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/05**  
Date

**813 223  
6037**  
Daytime Phone #