2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

May 09, 2005 8:00 am Secretary of State **DOCUMENT # P02000062220** 05-09-2005 90288 004 ***150.00 1. Entity Name JOSEPH G. GUGGINO, PA Principal Place of Business Mailing Address 14017497 3115 SWANN AVE 3115 SWANN AVE TAMPA, FL 33609 TAMPA, FL 33609 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0629280 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUGGINO, JOSEPH G DO NOT WRITE 3115 SWANN AVE TAMPA, FL 33609 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, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GUGGINO, JOSEPH G 3115 SWANN AVE STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS _DO_NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 of supplemental report is frue and accurate and that makes the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the received

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