

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000066694

1. Entity Name
DALE W. DEROSIA, CERTIFIED PUBLIC ACCOUNTANT,
INC.



FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90010 024 ***150.00

Principal Place of Business
955 SW BAYA DR
LAKE CITY, FL 32024

Mailing Address
955 SW BAYA DR
LAKE CITY, FL 32024

94003610



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
04-3687448

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

DEROSIA/DAVID S
955 SW BAYA DR
LAKE CITY, FL 32024

7. Name and Address of New Registered Agent

Name Dale W DeRosia CPA

Street Address (P.O. Box Number is Not Acceptable)

955 S.W. BAYA Drive

City Lake City

FL

Zip Code 32025

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

Dale W. DeRosia

Dale W DeRosia

01/26/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DEROSIA, DALE W
STREET ADDRESS 955 SW BAYA DR
CITY-ST-ZIP LAKE CITY, FL 32024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Dale W. DeRosia

Dale W DeRosia

01/26/04

386-755-9707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #