
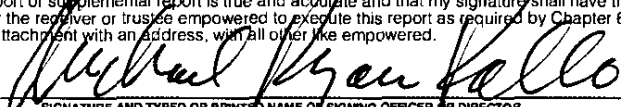


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90354 002 \*\*\*150.00

<b>DOCUMENT # P02000073504</b> 1. Entity Name <b>MICHAEL R. ROLLO, P.A.</b>																													
Principal Place of Business <b>3 WEST GARDEN STREET SUITE 352 PENSACOLA, FL 32501</b>			Mailing Address <b>3 WEST GARDEN STREET SUITE 352 PENSACOLA, FL 32501</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip <b>32502</b> Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>32502</b> Country																										
4. FEI Number <b>61-1415677</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																										
6. Name and Address of Current Registered Agent <b>ROLLO, MICHAEL R 3 W. GARDEN STREET SUITE 352 PENSACOLA, FL 32501</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code <b>32502</b>																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROLLO, MICHAEL R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3 W. GARDEN STREET, SUITE 302</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32501</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	ROLLO, MICHAEL R		STREET ADDRESS	3 W. GARDEN STREET, SUITE 302		CITY-ST-ZIP	PENSACOLA, FL 32501		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 				Date <b>4-15-04</b> Daytime Phone # <b>850-438-8165</b>																									