2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 28, 2004 08:00 AM Secretary of State DOCUMENT # P02000102156 ANTHONY DI NELLA, INC. Principal Place of Business Mailing Address 3209 SANDSPUR DRIVE **3209 SANDSPUR DRIVE** TAMPA, FL 33668 TAMPA, FL 33668 02212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2077470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DI NELLA, ANTHONY DO NOT WRITE 3209 SANDSPUR DRIVE TAMPA, FL 33668 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 #3244704-80029-003 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DI NELLA, ANTHONY NAME: 3209 SANDSPUR DRIVE STREET ADDRESS CITY-ST-77P TAMPA, FL 33668 TITLE NAME MASUCK, PAMELA A STREET ADDRESS 3209 SANDSPUR DRIVE CRY-ST- AP TAMPA, FL 33668 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 occurrence of 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 attainment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED