

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90387 014 ***150.00

DOCUMENT # P03000009961

1. Entity Name
 MICHAEL D. DICEMBRE, PA



Principal Place of Business
 ONE SOUTH ORANGE AVENUE
 SUITE 304
 ORLANDO, FL 32801

Mailing Address
 ONE SOUTH ORANGE AVENUE
 SUITE 304
 ORLANDO, FL 32801

44029937



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03182004 Chg-P CR2E034 (10/03)

4. FEI Number
 JT-0443239

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DICEMBRE, MICHAEL D
 ONE SOUTH ORANGE AVENUE
 SUITE 304
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD DICEMBRE, MICHAEL D ONE SOUTH ORANGE AVENUE #304 ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DICEMBRE, MICHAEL D ONE SOUTH ORANGE AVENUE #304 ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **3/18/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael D. Dicembre
Attorney at Law

Attachment
44029937
70300009961

One South Orange Avenue - Suite 304
Orlando, Florida 32801
(407) 649-1999
(407) 649-1657 Fax

April 15, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2004 For Profit Corporation Annual Report

Dear Sir/Madam,

Enclosed, please find my '2004 For Profit Corporation Annual Report' for my law office. I have additionally enclosed, as required, a check made payable to the 'Division of Corporations' in the amount of One Hundred Fifty (\$150.00) Dollars. If any additional information of any nature is needed upon your receipt and review of these materials please do not hesitate to contact my office at your convenience. I want to thank you in advance for your anticipated time and attention to this matter.

With Assurances,


Michael D. Dicembre, Esq.

Enclosures
MDD/tp

cc: Patrick Burns, CPA