

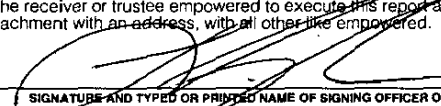


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90021 007 \*\*\*150.00

<b>DOCUMENT # P03000015974</b> 1. Entity Name <b>LAWRENCE ANZALONE P.A.</b>					
Principal Place of Business <b>18704 PEPPER PIKE LUTZ, FL 33558</b>			Mailing Address <b>18704 PEPPER PIKE LUTZ, FL 33558</b>		
2. Principal Place of Business <b>11018 N. DALE MARRY</b> Suite, Apt. #, etc. <b>STE 401</b>		3. Mailing Address <b>11018 N. DALE MARRY</b> Suite, Apt. #, etc. <b>STE 401</b>		<b>44010107</b> 	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>27-0045285</b>	
Zip <b>33618</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ANZALONE, LAWRENCE 18704 PEPPER PIKE LUTZ, FL 33558</b>				7. Name and Address of New Registered Agent Name <b>ANZALONE LAWRENCE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4305 BEAU RIVAGE CIRCLE</b> City <b>LUTZ, FL 33558</b> <b>FL</b> 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 _____ (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 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>ANZALONE, LAWRENCE</b> STREET ADDRESS <b>18704 PEPPER PIKE</b> CITY-ST-ZIP <b>LUTZ, FL 33558</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>ANZALONE, LAWRENCE</b> STREET ADDRESS <b>4305 BEAU RIVAGE CIRCLE</b> CITY-ST-ZIP <b>LUTZ, FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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.					
<b>SIGNATURE:</b> 			3/12/04 81269-3200 Day Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>LAWRENCE ANZALONE</b>					