
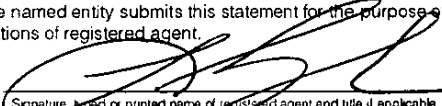
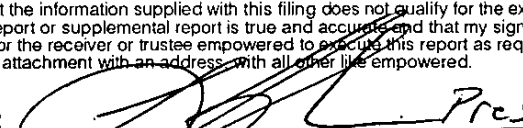


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90052 015 ***150.00

DOCUMENT # P03000015974 1. Entity Name LAWRENCE ANZALONE P.A.																											
Principal Place of Business, 11018 N DALE MABRY STE 401 TAMPA FL 33618		Mailing Address 11018 N DALE MABRY STE 401 TAMPA FL 33618																									
2. Principal Place of Business 11016 N. Dale Mabry Suite, Apt. #, etc. Suite 203 City & State TAMPA FL Zip 33618 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
4. FEI Number 27-0045285		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ANZALONE, LAWRENCE 4305 BEAU RIVAGE CIRCLE LUTZ FL 33558																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18939 Ave Biarritz City Lutz FL Zip Code 33558		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 2/1/05 <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 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%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ANZALONE, LAWRENCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4305 BEAU RIVAGE CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LUTZ FL 33558</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	ANZALONE, LAWRENCE		STREET ADDRESS	4305 BEAU RIVAGE CIRCLE		CITY-ST-ZIP	LUTZ FL 33558		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%;">18939 Ave Biarritz</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Lutz, FL 33558</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	18939 Ave Biarritz	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Lutz, FL 33558		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 lines empowered. SIGNATURE:  Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											

50010692



1st MOORE CR2E034 (10/04)

LAWRENCE ANZALONE
PRES
2/1/05
813 269 3200