


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90029 008 ***150.00

DOCUMENT # P03000022576			
1. Entity Name MECKS & FRISCIA, P.A.			
Principal Place of Business 5831 MARINER ST. TAMPA FL 33609		Mailing Address 5831 MARINER ST. TAMPA FL 33609	
2. Principal Place of Business 5601 Mariner Street		3. Mailing Address 5601 Mariner Street	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33609	Country USA	Zip 33609	Country USA
4. FEI Number 02-0678049		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 MECKS, MITCHELL L 5831 MARINER ST. TAMPA FL 33609		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECKS, MITCHELL L 5831 MARINER ST. TAMPA FL 33609 <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	D FRISCIA, EDWARD D. 5601 MARINER STREET, #200 TAMPA, FL 33609 <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
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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:

Mitchell L. Meeks
Mitchell L. Meeks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04
Date

(813) 286-9533
Daytime Phone #