

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90013 031 ***150.00

DOCUMENT # P03000030798

1. Entity Name
RICKERT, ROGERS AND MCAULIFFE, P.A.



Principal Place of Business
**5340 WEST KENNEDY BOULEVARD, SUITE 120
TAMPA, FL 33609**

Mailing Address
**5340 WEST KENNEDY BOULEVARD, SUITE 120
TAMPA, FL 33609**

54032420



2. Principal Place of Business

5415 Mariner Street

Suite, Apt. #, etc.

Suite 109

City & State

Tampa, FL

Zip
33609

Country
USA

3. Mailing Address

5415 Mariner Street

Suite, Apt. #, etc.

Suite 109

City & State

Tampa, FL

Zip
33609

Country
USA

04072004

Chg-P

CR2E034 (10/03)

4. FEI Number

01 0772379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCAULIFFE, JON A
5340 WEST KENNEDY BOULEVARD, SUITE 120
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name

Jon A. McAuliffe

Street Address (P.O. Box Number is Not Acceptable)

5415 Mariner St., Suite 109

City

Tampa

FL

Zip Code
33609

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

Jon A. McAuliffe

Jon A. McAuliffe

04/07/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RICKERT, DALE J
STREET ADDRESS 5340 WEST KENNEDY BOULEVARD, SUITE 120
CITY-ST-ZIP TAMPA, FL 33609

TITLE PD ☒ Change ☐ Addition
NAME Rickert, Dale J.
STREET ADDRESS 5415 Mariner Street S-109
CITY-ST-ZIP Tampa, FL 33609

TITLE VPD ☐ Delete
NAME ROGERS, DAWN M
STREET ADDRESS 5340 WEST KENNEDY BOULEVARD, SUITE 120
CITY-ST-ZIP TAMPA, FL 33609

TITLE VPD ☒ Change ☐ Addition
NAME Rogers, Dawn M.
STREET ADDRESS 5415 Mariner Street S-109
CITY-ST-ZIP Tampa, FL 33609

TITLE TSD ☐ Delete
NAME MCAULIFFE, JON A
STREET ADDRESS 5340 WEST KENNEDY BOULEVARD, SUITE 120
CITY-ST-ZIP TAMPA, FL 33609

TITLE TSD ☒ Change ☐ Addition
NAME McAuliffe, Jon A.
STREET ADDRESS 5415 Mariner Street S-109
CITY-ST-ZIP Tampa, FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Jon A. McAuliffe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/04

Date

(813) 287-8718

Daytime Phone #