2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-23-2004 90006 046 ***550.00

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1. Entity Name
THOMAS A. NANNA, P.A.

Principal Place of Business	Mailing Address
8910 NORTH DALE MABRY SUITE 1 TAMPA, FL 33614	8910 NORTH DALE MABRY SUITE 1 TAMPA, FL 33614

44049555

07142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8910 N. Dale Mabry Hwy	8910 N. Dale Mabry Hwy
Suite, Apt. #, etc. Ste 1	Suite, Apt. #, etc. Ste 1
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33614 Country USA	Zip 33614 Country USA

4. FEI Number 20-0036710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~NANNA, THOMAS A~~ 8910 N. DALE MABRY HWY., #1 TAMPA, FL 33614	Name THOMAS A NANNA Street Address (P.O. Box Number is Not Acceptable) 8910 N. Dale MABRY Hwy - Ste 1 City TAMPA FL Zip Code 33614

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 [signature], Thomas A NANNA, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	TITLE	☐ Change ☐ Addition
NAME	NANNA, THOMAS A		NAME	
STREET ADDRESS	11519 GALLERIA DR.		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature] Thomas A. NANNA, Pres. 7.19.04 (813)935-8388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #