


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90033 023 \*\*\*150.00

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| <b>DOCUMENT # P03000060997</b>                                     |  |
| 1. Entity Name<br><b>LAW OFFICE OF BENJAMIN B. GARAGOZLO, P.A.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>700 NORTH WICKHAM ROAD SUITE 109<br/>MELBOURNE FL 32935</b> | Mailing Address<br><b>700 NORTH WICKHAM ROAD SUITE 109<br/>MELBOURNE FL 32935</b> |
|---|---|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>700 North Wickham Rd.</b> | 3. Mailing Address<br><b>700 North Wickham Rd</b> |
| Suite, Apt. #, etc.<br><b>ste 109</b>                          | Suite, Apt. #, etc.<br><b>ste. 109</b>            |
| City & State<br><b>Melbourne, FL</b>                           | City & State<br><b>Melbourne, FL</b>              |
| Zip<br><b>32935</b>  | Country<br><b>USA</b>                             |

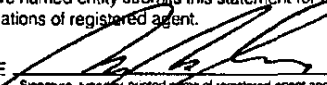


MOORE CR2E034 (11/03)

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| 4. FEI Number<br><b>76-0732501</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>GARAGOZLO, BENJAMIN B.<br/>700 NORTH WICKHAM ROAD SUITE 109<br/>MELBOURNE FL 32935</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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.

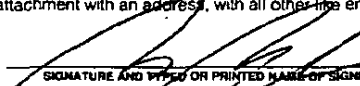
SIGNATURE  DATE **2-20-04**

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>GARAGOZLO, BENJAMIN B<br/>700 NORTH WICKHAM ROAD SUITE 109<br/>MELBOURNE FL 32935</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 the empowered.

SIGNATURE:  DATE **2/20/04** (321) 752-0705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR