

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90075 033 ***150.00

94044260



03302004 Chg-P CR2E034 (10/03)

4. FEI Number **30-0198679** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # P03000062040
 1. Entity Name
REGENT ONE, INC.



Principal Place of Business Mailing Address
 10001 PARADISE BLVD. 10001 PARADISE BLVD.
 TREASURE ISLAND, FL 33706 TREASURE ISLAND, FL 33706

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
MOORE, STEVEN W
C/O STEVEN W. MOORE, P.A.
8200 BRYAN DAIRY RD., STE. 300
LARGO, FL 33777

7. Name and Address of New Registered Agent

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

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 Delete
 NAME **GIBELLINA, SAMUEL**
 STREET ADDRESS **10001 PARADISE BLVD.**
 CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **PD** Change Addition
 NAME **GIBELLINA, RONALD S.**
 STREET ADDRESS **6363 1ST AVE N.**
 CITY-ST-ZIP **ST PETERSBURG FL 33710-8415**

TITLE Delete
 NAME **GIBELLINA, REGINA**
 STREET ADDRESS **10001 PARADISE BLVD.**
 CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

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

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)(ii), 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: *Ronald S. Gibellina*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-09
 Date Daytime Phone #