

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069000

Entity Name: NICHOLAS GOGLUCCI P.A.

FILED  
May 28, 2004  
Secretary of State

## Current Principal Place of Business:

3111 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

3111 N UNIVERSITY DRIVE  
SUITE 111  
CORAL SPRINGS, FL 33065

## Current Mailing Address:

3111 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

## New Mailing Address:

3111 N UNIVERSITY DRIVE  
SUITE 111  
CORAL SPRINGS, FL 33065

FEI Number: 20-0111946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOGLUCCI, NICHOLAS  
3111 N UNIVERSITY DRIVE SUITE 111  
CORAL SPRINGS, FL 33065

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GOGLUCCI, NICHOLAS  
Address: 3111 N UNIVERSITY DRIVE SUITE 111  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GOGLUCCI, NICHOLAS  
Address: 3111 N UNIVERSITY DRIVE SUITE 111  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS GOGLUCCI

DP

05/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date