

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000079172

1. Entity Name
THE LAW OFFICES OF JOSEPH J. SAVINO, P.A.



Principal Place of Business
1101 N. LAKE DESTINY ROAD
SUITE 250
MAITLAND, FL 32751

Maining Address
1101 N. LAKE DESTINY ROAD
SUITE 250
MAITLAND, FL 32751



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3094288

Approved For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVINO, JOSEPH J
1101 N. LAKE DESTINY ROAD SUITE 250
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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 is to be printed in ink of registered agent and the filer.

(FILER: Registered agent signature required for filing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P, S
SAVINO, JOSEPH J
1101 N. LAKE DESTINY ROAD SUITE 250
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

000000325895
04/25/05-80016-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 another name empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Savino, President

4/21/05 (407) 660-2408