


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90061 040 \*\*\*150.00

**DOCUMENT # P03000090668**

1. Entity Name  
**JOSEPH A. PALASICS, INC.**



Principal Place of Business  
**1253 SOUTH MISSOURI AVENUE  
 CLEARWATER, FL 33756**

Mailing Address  
**1253 SOUTH MISSOURI AVENUE  
 CLEARWATER, FL 33756**

**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**90-0110934**  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145**

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

**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	PSTD PALASICS, JOSEPH A 1253 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Joseph A. Palasics* **JOSEPH A. PALASICS** 4-25-05 727-446-3212  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #