2004 FOR PROFIT CORPORATION ANNUAL REPORT

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May 12, 2004 8:00 am
Secretary of State
03-08-2004 90044 010 ***150.00

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05042004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000094306

1. Entity Name
NATALIE R. BARONE, P.A.

Principal Place of Business	Mailing Address
2852 ENISGROVE DRIVE PALM HARBOR, FL 34683	2852 ENISGROVE DRIVE PALM HARBOR, FL 34683

2. Principal Place of Business	3. Mailing Address
14125 Waterville Cir	14125 Waterville Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33626 Country: US	Zip: 33626 Country: US

4. FEI Number: 593640212 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARONE, NATALIE R
2852 ENISGROVE DRIVE
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 $550.00 Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS BARONE, NATALIE R 2852 ENISGROVE DRIVE PALM HARBOR, FL 34683 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.S. Barone, Natalie R 14125 Waterville Cir Tampa, FL 33626 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 like empowered.

SIGNATURE: Natalie R. Barone Natalie R. Barone 727-447-9546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #