

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-09-2004 90003 042 \*\*\*150.00


P03000139137

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

34072003

DOCUMENT # P03000139137		
1. Entity Name VINCE COSTA INSURANCE AGENCY, INC.		

Principal Place of Business 15705 SCRIMSHAW DRIVE TAMPA, FL 33624	Mailing Address 15705 SCRIMSHAW DRIVE TAMPA, FL 33624
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2. Principal Place of Business 15705- SCRIMSHAW DR.	3. Mailing Address P.O. Box 7806
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL.	City & State Tampa, FL.	4. FEI Number 20-0464794	Applied For Not Applicable
Zip 33624	Country Hillsborough	Zip 33673	Country Hillsborough

08112004 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent COSTA, VINCENT 15705 SCRIMSHAW DRIVE TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Vincent Costa DATE 09-02-04  
Signature, typed or printed name of registered agent and fee 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, VINCENT 15705 SCRIMSHAW DRIVE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Vincent Costa DATE 09-02-04 (813) 933-8232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

574072009

Vince Costa Insurance Agency, Inc.  
15705 Scrimshaw Dr.  
Tampa, FL. 33673  
(813) 933-8232  
Fax (813) 961-4501

September 2, 2004

Document # PO3000139137

Dear Sir

I spoke with your customer service representative Kathy Ashton today she asked me to go on line and search for my annual report form, I did but when I submitted my document it would not down load the second page to make any changes and to submit for the proper amount of \$150.00 for my corporation and not the additional \$400.00 late filing fee.

Ms. Ashton mentioned if I had received a post card for my corporation I said that I had not since I am a newly filed 1<sup>st</sup> time corporation.

Enclosed is a check for \$150.00 for my corporation-filing fee for 2004. Please except this check on behalf of my corporation.

If you have any question please feel free to contact me at the above address.

Sincerely,

*Vince Costa*