

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000031757

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** BUSCIGLIO & SHERIDAN LAW GROUP, P.A.

**Current Principal Place of Business:**

505 E. JACKSON STREET  
SUITE 207  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 E. JACKSON STREET  
SUITE 207  
TAMPA, FL 33602 US

**New Mailing Address:**

**FEI Number:** 26-2163570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHERIDAN, JOSHUA G  
10609 CAPE HATTERAS DRIVE  
TAMPA, FL 33615 US

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHERIDAN, JOSHUA G  
Address: 10609 CAPE HATTERAS DRIVE  
City-St-Zip: TAMPA, FL 33615 US

Title: VP  
Name: SHERIDAN, DINA B  
Address: 10609 CAPE HATTERAS DRIVE  
City-St-Zip: TAMPA, FL 33615 FL

Title: T  
Name: SHERIDAN, JOSHUA G  
Address: 10609 CAPE HATTERAS DRIVE  
City-St-Zip: TAMPA, FL 33615 US

Title: S  
Name: SHERIDAN, DINA B  
Address: 10609 CAPE HATTERAS DRIVE  
City-St-Zip: TAMPA, FL 33615 US

I hereby 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 all other like empowered.

SIGNATURE: JOSHUA G. SHERIDAN

DIR.

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date