

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P31763

1. Entity Name
CONCANNON, MILLER & CO., P.C..



Principal Place of Business

**9800 FOURTH ST, NORTH
STE 300
ST. PETERSBURG, FL 33702 US**

Mailing Address

**9800 FOURTH ST, NORTH
STE 300
ST. PETERSBURG, FL 33702 US**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2620120

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESTOCK, JOHN G., CPA
9800 FOURTH STREET NORTH, SUITE 300
ST. PETERSBURG, FL 33702**

**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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD OSTER, ROBERT 142 WEDGEWOOD RD BETHLEHEM, PA 18017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, MICHAEL 1515 MARTIN LUTHER KING BLVD. ALLENTOWN, PA 18102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HATZEL, E. BARRY 2045 WESTGATE DRIVE LEHIGH VALLEY, PA 18002
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ESTOCK, JOHN G. 1551 EXCALIBUR DRIVE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000142167
04/30/04-80041-010 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #