

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000013010

1. Entity Name
PROFESSIONAL SERVICE CORPORATION OF L.F.
DIDONATO, P.A.



Principal Place of Business

1200 S. PINELLAS AVE.
SUITE 14
TARPON SPRINGS, FL 34689

Mailing Address

1200 S. PINELLAS AVE.
SUITE 14
TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, ROBERT
35 W LEMON
TARPON SPRINGS, FL 34689



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3142786	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**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 relocating)

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

000000129974
04/26/04-80099-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIDONATO, L F 1200 S. PINELLAS AVE., #14 TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.

4-22-04

SIGNATURE: *L.F. Didonato, P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200904 (727)924-5604

Date

Daytime Phone #