

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90019 050 ***150.00

DOCUMENT # P94000063635
 1. Entity Name
 JOSEPH R. CIANFRONE, P.A.



Principal Place of Business Mailing Address
 1968 BAYSHORE BLVD 1968 BAYSHORE BLVD
 DUNEDIN, FL 34698 US DUNEDIN, FL 34-698?

50001126

2. Principal Place of Business 3. Mailing Address
 1964 Bayshore Blvd. 1964 Bayshore Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01072005 Chg-P CR2E034 (10/03)

City & State City & State
 Dunedin, FL Dunedin, FL
 Zip Country Zip Country
 34698 USA 34698 USA

4. FEI Number Applied For
 59-3274526 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CIANFRONE, JOSEPH R
 1968 BAYSHORE BLVD
 DUNEDIN, FL 34698

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 1964 Bayshore Blvd.
 City Dunedin FL Zip Code 34698

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 *Joseph R. Cianfrone* Joseph R. Cianfrone 1/6/05
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	CIANFRONE, JOSEPH R.	
STREET ADDRESS	848 HILLSIDE DR.	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. (T21)
 SIGNATURE: *Joseph R. Cianfrone President* Joseph R. Cianfrone 1/6/05 738-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #