2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# P94000086068

Entity Name: J. NORMAN GIOVENCO, C.P.A., P.A.

Current Principal Place of Business:

100 S. ASHLEY DRIVE
SUITE 1650
TAMPA, FL 33602

New Principal Place of Business:

110 S. HOOVER BLVD.
SUITE 110
TAMPA, FL 33609

Current Mailing Address:

3404 FAIR OAKS AVE.
TAMPA, FL 33611

New Mailing Address:

110 S. HOOVER BLVD.
110
TAMPA, FL 33609

FEI Number: 65-0541183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIOVENCO, J. NORMAN
100 SOUTH ASHLEY DRIVE
#1650
TAMPA, FL 33672

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: GIOVENCO, J. NORMAN
Address: 3404 FAIR OAKS AVE.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: GIOVENCO, J. NORMAN
Address: 110 S. HOOVER BLVD., #110
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: J. NORMAN GIOVENCO PRES 04/05/2004

Electronic Signature of Signing Officer or Director — Date