

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000033670

1. Entity Name
BUSCH BLVD. LAND CORP.



Principal Place of Business
**9000 NORTH 18TH STREET
TAMPA, FL 33604**

Mailing Address
**100 W KENNEDY BLVD
STE 720
TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3315685	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AZZARELLI, THOMAS J
100 W KENNEDY BLVD
STE 720
TAMPA, FL 33602**

**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	D
NAME	AZZARELLI, MICHAEL A
STREET ADDRESS	9000 NORTH 18TH STREET
CITY - ST - ZIP	TAMPA, FL 33604
TITLE	D
NAME	AZZARELLI, THOMAS J
STREET ADDRESS	100 W KENNEDY BLVD., STE 720
CITY - ST - ZIP	TAMPA, FL 33602
TITLE	D
NAME	AZZARELLI, STEPHEN P
STREET ADDRESS	9000 NORTH 18TH ST
CITY - ST - ZIP	TAMPA, FL 33604
TITLE	D
NAME	NAILS, JOAN M
STREET ADDRESS	9000 N 18TH ST
CITY - ST - ZIP	TAMPA, FL 33604
TITLE	D
NAME	KEESLER, JANET A
STREET ADDRESS	9000 N 18TH ST
CITY - ST - ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/04-80143-010 150.00

**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

Thomas J. Azzaelli

4/28/04

Date

813-228-0883

Daytime Phone #