


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000076197
 1. Entity Name
 PAOLI & COMPANY FINANCIAL CONSULTANTS, INC.



Principal Place of Business 209 NASSAU ST S SUITE 104 VENICE, FL 34285 US	Mailing Address 209 NASSAU ST S SUITE 104 VENICE, FL 34285 US
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0622506	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 ADDISON, MICHAEL C
 400 N TAMPA STREET SUITE 1100
 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 _____ (NOTE: Registered Agent signature required when reinstating)

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

DATE
 05/04/04-80049-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWRENCE H. PAOLI 209 NASSAU ST S SUITE 104 VENICE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Lawrence H. Paoli 4-30-04 941-485-1414
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #