



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90105 009 \*\*\*150.00

<b>DOCUMENT # P96000001097</b> 1. Entity Name <b>ENRICO G. GONZALEZ, P.A.</b>					
Principal Place of Business 6255 E. FOWLER AVE TEMPLE TERRACE, FL 33617			Mailing Address 6255 E. FOWLER AVE TEMPLE TERRACE, FL 33617		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-3353115</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, ENRICO G</b> <b>10906 GILLETTE AVE</b> <b>TEMPLE TERRACE, FL 33617</b>			7. Name and Address of New Registered Agent  Name <b>Gonzalez, Enrico G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7809 Terrace Oaks Court</b> City <b>Temple Terrace</b> <b>FL</b> Zip Code <b>33617</b>		
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)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>GONZALEZ, ENRICO G</b> <b>10906 GILLETTE AVE</b> <b>TEMPLE TERRACE, FL 33617</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>Gonzalez, Enrico G</b> <b>7809 Terrace Oaks Court</b> <b>Temple Terrace, FL 33617</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>GONZALEZ, LISA I</b> <b>10906 GILLETTE AVENUE</b> <b>TEMPLE TERRACE, FL 33617</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>Gonzalez, Lisa I.</b> <b>7809 Terrace Oaks Court</b> <b>Temple Terrace, FL 33617</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>ENRICO G. GONZALEZ, PRESIDENT</b> Date <b>4/20/04</b> Daytime Phone # <b>(813) 900-6302</b>					