


2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90211 014 ***150.00

DOCUMENT # P96000006327		
1. Entity Name FRANK P. VERDI, P.A.		
Principal Place of Business 12958 N. DALE MABRY HWY TAMPA FL 33618 US		Mailing Address 12958 N. DALE MABRY HWY TAMPA FL 33618 US
2. Principal Place of Business HWY 18550 N. DALE MABRY	3. Mailing Address HWY 18550 N. DALE MABRY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State LUTZ FL	City & State LUTZ FL	
Zip 33548	Country USA	Zip 33548
Country USA		

00019437



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent VERDI, FRANK P 12958 N. DALE MABRY HWY TAMPA FL 33618		7. Name and Address of New Registered Agent Name FRANK P. VERDI Street Address (P.O. Box Number is Not Acceptable) 18550 N. DALE MABRY HWY City LUTZ FL 33548	
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 FRANK P. VERDI, P.A. DATE 1/25/05			

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERDI, FRANK P 12958 N. DALE MABRY HWY TAMPA FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERDI, FRANK P. 18550 N. DALE MABRY HWY LUTZ, FL 33548 <input checked="" 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
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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.

SIGNATURE: **FRANK P. VERDI, P.A.** **1/25/05** **813 962-4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #