

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90112 035 ***150.00

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1. Entity Name
 THOMAS J. KASICA, C.P.A., P.A.

Principal Place of Business Mailing Address
 1800 W HIBISCUS BLVD 1800 W HIBISCUS BLVD
 STE 133 STE 133
 MELBOURNE, FL 32901-2624 US MELBOURNE, FL 32901-2624 US

4901111



2. Principal Place of Business 3. Mailing Address
 2210 Front Street 2210 FRONT STREET

Suite, Apt. #, etc. Suite, Apt. #, etc.
 301 301

04122004 Chg-P CR2E034 (10/03)

City & State City & State
 MELBOURNE, FLORIDA MELBOURNE, FLORIDA

4. FEI Number Applied For
 59-3376685 Not Applicable

Zip Country Zip Country
 32901 U.S.A 32901 U.S.A

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASICA, THOMAS J
 1800 W HIBISCUS BLVD
 SUITE 133
 MELBOURNE, FL 32901-2624

Name
 Street Address (P.O. Box Number is Not Acceptable)
 2210 FRONT STREET
 SUITE 301
 City FL Zip Code
 MELBOURNE 32901

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: *Thomas J. Kasica* Thomas J. KASICA, President 4/13/04
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 \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
 NAME KASICA, THOMAS J
 STREET ADDRESS 1800 W HIBISCUS BLVD STE 133
 CITY-ST-ZIP MELBOURNE, FL

TITLE Change Addition
 NAME 2210 FRONT STREET SUITE 301
 STREET ADDRESS MELBOURNE, FL 32901
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Thomas J. Kasica* Thomas J. KASICA, President 4/13/04 (321) 722-9870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #