

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90112 035 ***150.00

DOCUMENT # P96000034445



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

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

Mailing Address
 1800 W HIBISCUS BLVD
 STE 133
 MELBOURNE, FL 32901-2624 US

4901111



2. Principal Place of Business
 2210 Front Street

3. Mailing Address
 2210 FRONT STREET

Suite, Apt. #, etc.
 301

Suite, Apt. #, etc.
 301

04122004 Chg-P CR2E034 (10/03)

City & State
 MELBOURNE, FLORIDA

City & State
 MELBOURNE, FLORIDA

4. FEI Number
 59-3376685

Applied For
 Not Applicable

Zip Country
 32901 U.S.A

Zip Country
 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
 MELBOURNE

FL Zip Code
 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 Trust Fund Contribution. \$5.00 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	P KASICA, THOMAS J 1800 W HIBISCUS BLVD STE 133 MELBOURNE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2210 FRONT STREET SUITE 301 MELBOURNE, FL 32901	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: 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 #