

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089912

FILED
Mar 03, 2004
Secretary of State

Entity Name: FLORIDA ASSET MANAGEMENT GROUP, INC.

Current Principal Place of Business:

11281-43RD ST NORTH
CLEARWATER, FL 34622

New Principal Place of Business:

Current Mailing Address:

11281-43RD ST NORTH
CLEARWATER, FL 34622

New Mailing Address:

FEI Number: 59-0155625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISALVATORE, ANGELO J
11281 43RD RD ST N.
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

ALLBRITTEN, JAMES K
11281 43RD RD ST N.
CLEARWATER, FL 33762 US

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.

SIGNATURE: JAMES K ALLBRITTEN

03/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DISALVATORE, ANGELO J
Address: 11281-43RD ST NORTH
City-St-Zip: CLEARWATER, FL 34622

Title: VP () Delete
Name: MARCIANO, FRANKLIN A
Address: 11281-43RD STREET NORTH
City-St-Zip: CLEARWATER, FL

Title: T () Delete
Name: FABRIZI JR, RICHARD J
Address: 870 PINELLAS BAYWAY
City-St-Zip: TIERRA VERDE, FL

Title: S () Delete
Name: ALLBRITTEN, JAMES K
Address: 11281 43RD ST. N.
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DISALVATORE, JOSEPH P
Address: 11281-43RD ST NORTH
City-St-Zip: CLEARWATER, FL 34622

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FABRIZI, RICHARD J SR
Address: 870 PINELLAS BAYWAY
City-St-Zip: TIERRA VERDE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K ALLBRITTEN

S

03/03/2004

Electronic Signature of Signing Officer or Director

Date