## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000095948

1. Entity Name

AGNÁLDO M. SPINDOLA, P.A.



FILED
May 05, 2004 08:00 AM
Secretary of State

Principal Place of Business

2314 RUTH LANE KISSIMMEE, FL 34744 US Mailing Address

2314 RUTH LANE KISSIMMEE, FL 34744

US



03092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3413949

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SPINDOLA, AGNALDO M 2314 RUTH LANE KISSIMMEE, FL 34744

## DO NOT WRITE IN THIS SPACE

8. The above named er the obligations of reg	itity submits this statement for the pastered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am famil	iar with, and accept
SIGNATURE	ped or printed name of registered agent and title	(NOTE Beginning	A noot alacon	required when reinstating)	DATE	<del></del>
Signature, typ	ped or printed name of registered agent and title	# applicable. (NOTE Registered	Agent signature	required when remstaurig)	-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	<b>\$5.00</b> May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS				
STREET ADDRESS 2314 F	DLA, AGNALDO M RUTH LANE IMEE, FL 34744				U00000155720 05/05/04-80048-009	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						-
TITLE			1			

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 paragraphy such as the provided statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

AGNALDO SPINDOLA

4-30-04

407-344-4443