## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED **DOCUMENT # P97000014598** 1. Entity Name 04 OCT -7 AM 9: 07 PAB SALES & MARKETING STRATEGIES, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 7327 1ST AVENUE NORTH 7327 1ST AVENUE NORTH SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33710 2. Principal Place of Business 3. Mailing Address KOBINSON DR. 585 ROBINSON DR 1585 09222004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State 59-3429865 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required: 4 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BISCIOTTI, PATSY A** Street Address (P.O. Box Number is Not Acceptable) 7327 1ST AVENUE NORTH SAINT PETERSBURG, FL 33710 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 Mãy Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 2 enange Defete TITLE TITLE 1585 ROBINSON DR ST PRTR, FL . 33710 NAME **BISCIOTTI, PATSY A** NAME 1362-86TH TERR STREET ADDRESS STREET ADDRESS SAINT-PETERSBURG, FL 33702 CITY-ST-ZIP CITY-ST-7IP ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Charige Addition THEL Detete NAME NAME **600041666**! 10/07/04--01021--003 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachme with an address, with all of SIGNATURE: D OR PRINTED NAME OF SIGN

10/4/04
Representative Leslie Waters
Florida House, District 51

To whom it my concern:

This annual report is late because I did not receive in time this applacation in time. Due to (2) wrong abbresses.

1362864 Jen - 3 years old.

7327 ist are N 15 years old.

Please covered to 1585 Robinson On St Pele FL 33710

Thank you "Catch the Waters wave for better government" to the waters wave for better government" to the waters wave for better government.

Pd. pol. adv. provided in-kind by Sir Speedy 727-545-9000 and approved by the campaign to re-elect Leslie Waters, Republican.