



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90074 020 ***150.00

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|---|---|---|---|--|--|
| DOCUMENT # P97000036235 1. Entity Name FINANCIAL ADVISORY SERVICES OF TAMPA, INC. | | | |  | |
| Principal Place of Business 5600 MARINER ST SUITE 120 TAMPA, FL 33609 US | | | Mailing Address 5600 MARINER ST SUITE 120 TAMPA, FL 33609 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |  | |
| 4. FEI Number 59-3459754 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RILEY, STEVEN P ESQ. 4805 W. LAUREL ST STE 230 TAMPA, FL 33607 | | | 7. Name and Address of New Registered Agent Name MICHAEL J. TURRISI Street Address (P.O. Box Number is Not Acceptable) 5600 MARINER SUITE 120 City TAMPA FL Zip Code 33609 | | |
| 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: MICHAEL J. TURRISI <i>(Signature)</i> 3/9/05 DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 TURRISI, MICHAEL J 5600 MARINER- STE 120 TAMPA, FL 33609 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: MICHAEL J. TURRISI <i>(Signature)</i> 3/9/05 DATE | | | (813) 286-7773 Daytime Phone # | | |