



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90029 009 ***150.00

DOCUMENT # P97000109156 1. Entity Name TIRALOSI FINANCIAL SERVICES, INC.																																											
Principal Place of Business 409 WILD OAK CIRCLE LONGWOOD, FL 32779			Mailing Address PO BOX 916459 LONGWOOD, FL 32791-6459 US																																								
2. Principal Place of Business 801 DOUGLAS AVE. Suite, Apt. #, etc. ALTAMONTE SPRINGS, FL. City & State		3. Mailing Address Suite, Apt. #, etc. City & State																																									
Zip 32716 Country USA		Zip Country		01292004 Chg-P CR2E034 (10/03)																																							
4. FEI Number 59-3483985				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 TIRALOSI, MARK R 409 WILD OAK CIRCLE LONGWOOD, FL 32779																																							
7. Name and Address of New Registered Agent Name MARK R. TIRALOSI Street Address (P.O. Box Number is Not Acceptable) 801 DOUGLAS AVE. ALTAMONTE SPRINGS, FL. City FL Zip Code 32716				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 <i>Mark R. Tiralosi</i> MARK R. TIRALOSI 3-3-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> D TIRALOSI, MARK R 409 WILD OAK CIRCLE LONGWOOD, FL 32779 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRALOSI, MARK R 409 WILD OAK CIRCLE LONGWOOD, FL 32779		<input checked="" type="checkbox"/> Delete																	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> MARK R. TIRALOSI 801 DOUGLAS AVE. ALTAMONTE SPRINGS, FL. 32716 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK R. TIRALOSI 801 DOUGLAS AVE. ALTAMONTE SPRINGS, FL. 32716		<input checked="" 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: <i>Mark R. Tiralosi</i> MARK R. TIRALOSI 3-3-04 (407) 682-0161 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																											