2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

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1. Entity Name
CAGLIANONE, MILLER & ANTHONY, P.A.

Principal Place of Business
816 W DR MLK JR BLVD
TAMPA, FL 33603-3302

Mailing Address
816 W DR MLK JR BLVD
TAMPA, FL 33603-3302

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4. FEI Number
59-3483771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. **Name and Address of Current Registered Agent**

CAGLIANONE, JEFFREY A
816 W DR MLK JR BLVD
TAMPA, FL 33603-3302

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

U00000104965
04/07/04-80005-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAGLIANONE, JEFFREY A
STREET ADDRESS	816 W DR MLK JR BLVD
CITY-ST-ZIP	TAMPA, FL 336033302
TITLE	D
NAME	MILLER, FRANCIS A
STREET ADDRESS	816 W DR MLK JR BLVD
CITY-ST-ZIP	TAMPA, FL 336033302
TITLE	S
NAME	ANTHONY, BRIAN J
STREET ADDRESS	816 W MLK JR BLVD
CITY-ST-ZIP	TAMPA, FL 336033302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ______________________________ 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #