2004 FOR PROFIT CORPORATION

Apr 05, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000049403 1. Entity Name FRANK J. RIEF, III, P.A. Principal Place of Business Mailing Address 442 W. KENNEDY BLVD 442 W. KENNEDY BLVD NO. 340 NO. 340 TAMPA, FL 33606 TAMPA, FL 33606 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 59-3515320 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIEF, FRANK K III DO NOT WRITE 442 W. KENNEDY BLVD. **STE 340** IN THIS SPACE TAMPA, FL 33606 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. (NOTE' Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RIEF, FRANK J III NAME U00000103311 04/05/04-80051-003 150.00 STREET ADDRESS 3318 JEAN CIRCLE C17Y-57-21P TAMPA, FL 33629 TITEF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filindicated on this report or supplemental report is true and the corporation or the receiver or trustee empower of the corporation. not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATUR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C/TY-ST-Z/P

FILED