2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000090489 08-23-2004 90019 012 ***150.00 MOUNT DORA SECURITIES, P.A. Principal Place of Business Mailing Address 24080849 7429 COMROY RD 7429 COMROY RD ORLANDO, FL 32835 . US ORLANDO, FL 32835 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08122004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3543527 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIBIASIO-RICHARD-J-Street Address (P.O. Box Number is Not Acceptable) 12806 PENHURST LANE WINDERMERE, FL 34786 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete THILE Addition TITLE DIBIASIO, RICHARD J NAME NAME STREET ADDRESS 12806 PENHURST LA STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE DIBIASIO, TERESA NAME 12806 PENHURST LA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF WINDERMERE, FL. 34786 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE Delete ____ NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 attachment with an address ather like empowered. 910609

FILED

Aug 23, 2004 8:00 am Secretary of State

Attachment 24080849 #P98000090489

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