

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012925

Entity Name: ALTOM M. MAGLIO, P.A.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

2480 FRUITVILLE ROAD, STE 6
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2480 FRUITVILLE ROAD, STE 6
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-0896353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGLIO, ALTOM M
2750 RINGLING BLVD
SUITE 4
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

MAGLIO, ALTOM M
2480 FRUITVILLE ROAD
SUITE 6
SARASOTA, FL 34237 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/22/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MAGLIO, ALTOM M
Address: 2750 RINGLING BOULEVARD.,STE.4
City-St-Zip: SARASOTA, FL 34237

Title: VPT () Delete
Name: MAGLIO, ALTOM M
Address: 2750 RINGLING BOULEVARD.,STE.4
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MAGLIO, ALTOM M
Address: 2480 FRUITVILLE ROAD, SUITE 6
City-St-Zip: SARASOTA, FL 34237

Title: VPT (X) Change () Addition
Name: MAGLIO, ALTOM M
Address: 2480 FRUTVILLE ROAD, SUITE 6
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTOM M. MAGLIO

Electronic Signature of Signing Officer or Director

DPS

04/22/2005

Date