

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91015 033 ***150.00

DOCUMENT # P99000041219

1. Entity Name
PHILIP D. IORIO, P.A.



Principal Place of Business
**19901 ARBOR PATH PLACE
LUTZ, FL 33559 US**

Mailing Address
**19901 ARBOR PATH PLACE
LUTZ, FL 33559 US**

94081383



01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
27123 RAVEN BROOK RD

3. Mailing Address
27123 RAVEN BROOK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ZEPHYRHILLS FL

City & State
ZEPHYRHILLS FL

Zip
33544 Country
US

Zip
33544 Country
US

4. FEI Number
59-3579856

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IORIO, PHILIP D
19901 ARBOR PATH PLACE
LUTZ, FL 33559**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Applicable)

27123 RAVEN BROOK RD

City

ZEPHYRHILLS

FL

Zip Code

33544

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]

PHILIP IORIO, P.A.

1-19-04

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 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
IORIO, PHILIP D
19901 ARBOR PATH PLACE
LUTZ, FL 33559** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**27123 RAVEN BROOK RD
ZEPHYRHILLS, FL 33544** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

[Signature]

PHILIP D. IORIO, P.A.

1-19-04 (813)994-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #