

5/4/04 90212 012-150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 11 PM 4:04


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08052004 No Chg-P CR2E034 (10/03) *MED*

DOCUMENT # P99000057534

1. Entity Name
ED PALLADINI'S REAL ESTATE COMPANY, INC.



Principal Place of Business 2414 RIVERSIDE DR. TAMPA, FL 33602	Mailing Address 2414 RIVERSIDE DR. TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3588821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALLADINI, EDWARD M
2414 RIVERSIDE DR.
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	PD PALLADINI, ED 2414 RIVERSIDE DR. TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE

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: *Ed Palladini* ED PALLADINI 813-933-1383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #