

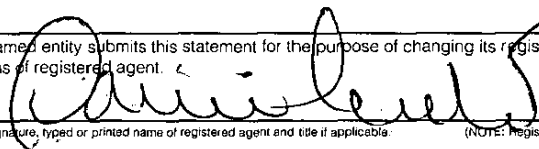
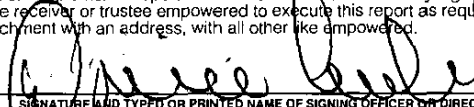


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90039 006 ***150.00

DOCUMENT # S12780 1. Entity Name DOMINIC E. AMADIO, P.A.					
Principal Place of Business 100 34TH STREET N. SUITE 305 ST. PETERSBURG, FL 33713			Mailing Address 100 34TH STREET N. SUITE 305 ST. PETERSBURG, FL 33713		
2. Principal Place of Business 3500 5TH AVENUE NORTH Suite, Apt. #, etc. SUITE "D"		3. Mailing Address 3500 5TH AVENUE NORTH Suite, Apt. #, etc. SUITE "D"			
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL		4. FEI Number 59-3041494	
Zip 33713		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMADIO, DOMINIC E., ESQ. 100 34TH STREET N. SUITE 305 ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name AMADIO, DOMINIC E., ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 3500 5TH AVENUE NORTH, SUITE "D" City ST. PETERSBURG FL Zip Code 33713	
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:  DOMINIC E. AMADIO 1/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME AMADIO, DOMINIC E.		TITLE DIRECTOR	NAME AMADIO, DOMINIC E.	
STREET ADDRESS 100 34TH STREET N. # 305	CITY-ST-ZIP ST. PETERSBURG, FL		STREET ADDRESS 3500 5TH AVENUE NORTH, SUITE "D"	CITY-ST-ZIP ST. PETERSBURG, FL 33713	
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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: 			DOMINIC E. AMADIO		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 1/21/04		
<small>Daytime Phone #</small>			(727) 327-1945		