


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90019 024 \*\*\*158.75

<b>DOCUMENT # S12780</b> 1. Entity Name DOMINIC E. AMADIO, P.A.			
Principal Place of Business <i>New address</i> 100 34TH STREET N. SUITE 305 ST. PETERSBURG, FL 33713 <div style="text-align: center;">↓</div>		Mailing Address <i>New address</i> 100 34TH STREET N. SUITE 305 ST. PETERSBURG, FL 33713 <div style="text-align: center;">↓</div>	
2. Principal Place of Business <i>3500-5th Ave N.</i> Suite, Apt. #, etc. <i>"D"</i>		3. Mailing Address <i>3500-5th Ave. N.</i> Suite, Apt. #, etc. <i>"D"</i>	
City & State <i>St Petersburg FL</i> Zip <i>33713</i> Country <i>USA</i>		City & State <i>St Petersburg FL</i> Zip <i>33713</i> Country <i>USA</i>	
4. FEI Number 59-3041494		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  AMADIO, DOMINIC E., ESQ. 3500 5TH AVENUE NORTH, SUITE "D" SAINT PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <i>Dominic Amadio</i> DATE: <i>July 12, 2005</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADIO, DOMINIC E. 3500 5TH AVENUE NORTH, SUITE "D" SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Dominic Amadio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>July 12, 2005</i> DAYTIME PHONE #: <i>727-327-1945</i>	