2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S70537

1. Entity Name FINANCIAL INDUSTRIAL CORPORATION OF TAMPA

Principal Place of Business

4147 WINDING WILLOW DR PALM HARBOR, FL 34683

Mailing Address

4147 WINDING WILLOW DR PALM HARBOR, FL 34683

FILED Jul 12, 2004 08:00 AM Secretary of State



6. Name and Address of Current Registered Agent

| 07062004 | No Chg-P | CR26 | E034 (10/03) | |
|----------------------------------|----------|----------|-----------------------------------|---|
| 4. FEI Number 59-3086880 | | <u>-</u> | Applied For | - |
| | | | Not Applicable | 9 |
| 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | |

BRUCKNER, JOSEPH 4147 WINDING WILLOW DR PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

| | | | | | A page on a state of the state |
|---|---|---|--------------|---|---|
| | a named entity submits this statement for the tions of registered agent. | purpose of changing its registered of | fice or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| | | | | | ≈ - |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | le it soplicable (NOTE Registered Age | nt signature | required when reinstating) | - DATE |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. | OFFICERS AND DIRE | CTORS | | | |
| ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D BRUCKNER, JOSEPH 4147 WINDING WILLOW DR PALM HARBOR, FL | · · · · · · · · · · · · · · · · · · · | | - · - · | U00000165293 07/12/04-80008-001 150.00 |
| STREET ADDRESS CITY-ST-ZIP | | - | | | |
| TITLE NAME STREET ADORESS OFFY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-JIP | _ | | | | |
| TITLE NAME STREET ADDRESS GITY-SI-ZIP | | | | | |
| 12. I hereby of indicated | certify that the information supplied with this on this report or supplied ental report is true | filing does not qualify for the exemption and accurate and that my signature s | n stated | d in Section 119.07(3) te the same legal effec | (i), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director |