

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87650

FILED
Apr 29, 2004
Secretary of State

Entity Name: WILLIAMS, SCHIFINO, MANGIONE & STEADY, P.A.

Current Principal Place of Business:

ONE TAMPA CITY CENTER
STE 2600
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

201 N. FRANKLIN STREET
STE. 2600
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-3089038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIFINO WILLIAM J JR
ONE TAMPA CITY CENTER
SUITE 2600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEADY, SCOTT I
Address: 3813 BARCELONA STREET
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SCHIFINO, WILLIAM J.,
Address: 2408 S. DUNDEE ST.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: WILLIAMS, ROBERT V.
Address: 2901 STOVALL PLACE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: MANGIONE, RALPH P.
Address: 5107 W. LONGFELLOW AVENUE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. SCHIFINO

D

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date