


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90177 018 \*\*\*150.00

**DOCUMENT # S87650**

1. Entity Name  
**WILLIAMS, SCHIFINO, MANGIONE & STEADY, P.A.**



Principal Place of Business      Mailing Address

**ONE TAMPA CITY CENTER**      **201 N. FRANKLIN STREET**  
**STE 2600**      **STE. 2600**  
**TAMPA, FL 33602 US**      **TAMPA, FL 33602 US**

**50044583**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      **P.O. Box 380**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

02032005      Chg-P      CR2E034 (10/03)

City & State      City & State

**Tampa, FL**

Zip      Country      Zip      Country

**33601**      **U.S.**

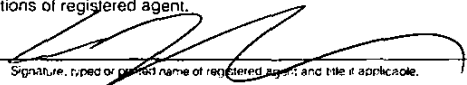
4. FEI Number      Applied For

**59-3089038**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>SCHIFINO WILLIAM J JR</b> <b>ONE TAMPA CITY CENTER</b> <b>SUITE 2600</b> <b>TAMPA, FL 33602</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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       **April 27, 2005**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEADY, SCOTT I</b> <b>3813 BARCELONA STREET</b> <b>TAMPA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3006 South Schiller Street</b> <b>Tampa, FL 33629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHIFINO, WILLIAM J.</b> <b>2408 S. DUNDEE ST.</b> <b>TAMPA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Tampa, FL 33629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, ROBERT V.</b> <b>2901 STOVALL PLACE</b> <b>TAMPA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16201 Sierra de Avila</b> <b>Tampa, FL 33613</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANGIONE, RALPH P.</b> <b>5107 W. LONGFELLOW AVENUE</b> <b>TAMPA, FL 33629</b> <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Agliano, John J.</b> <b>4215 Carrollwood Village Drive</b> <b>Tampa, FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Cohen, V. Stephen</b> <b>4936 West Bay Way Drive</b> <b>Tampa, FL 33629</b>

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:**       **April 27, 2005**      **(813) 221-2626**

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