

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90021 027 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # V38386</b>					
1. Entity Name <b>JOSEPH R. DECIANTIS, PROFESSIONAL ASSOCIATION</b>					
Principal Place of Business <b>145 EAST MIAMI AVE VENICE FL 34285</b>			Mailing Address <b>825 SO. TAMIAMI TRAIL 2 VENICE FL 34285</b>		
2. Principal Place of Business <b>825 So. TAMIAMI TRAIL</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>Suite 2</b>			Suite, Apt. #, etc. <b>Suite 2</b>		
City & State <b>Venice FL</b>			City & State		
Zip <b>34285</b>		Country <b>SARASOTA</b>		4. FEI Number <b>65-0336841</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>DECIANTIS, JOSEPH R 145 EAST MIAMI AVENUE VENICE FL 34285</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>825 So TAMIAMI TRAIL Suite 2</b>		
			City <b>Venice</b> FL Zip Code <b>34285</b>		
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 <u><i>Joseph R. Deciantis</i></u> <b>President</b> DATE <u><b>1/22/04</b></u>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div> <b>9. Election Campaign Financing</b>  Trust Fund Contribution.. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>PVS</b>	NAME <b>DECIANTIS, JOSEPH R</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>825 SO. TAMIAMI TRAIL, Suite 2</b>					
CITY-ST-ZIP <b>VENICE FL 34285</b>					
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP					
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
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: <u><i>Joseph R. Deciantis</i></u> <b>Joseph R. Deciantis</b> <u><b>3/23/04</b></u> <u><b>(941) 485-7705</b></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					