


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90331 032 ***150.00

DOCUMENT # V49874	
1. Entity Name MICHAEL J. MARCANTANO, P.A.	

Principal Place of Business 1900 MAIN ST STE 201 SARASOTA, FL 34236 US	Mailing Address 1900 MAIN ST STE 201 SARASOTA, FL 34236 US
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2. Principal Place of Business 1620 MAIN ST., STE 6 Suite, Apt. #, etc. SARASOTA FL City & State SARASOTA FL Zip 34236 Country USA, SARASOTA	3. Mailing Address 1620 MAIN ST Suite, Apt. #, etc. STE 6 City & State SARASOTA FL Zip 34236 Country U.S.A.
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04262004 Chg-P CR2E034 (10/03)

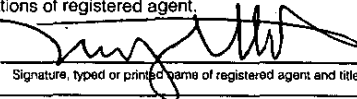
4. FEI Number 65-0357552	Applied For Not Applicable
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5. Certificate of Status Desired ☒ = \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARCANTANO, MICHAEL J 1900 MAIN ST STE 201 SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent Name MICHAEL J. MARCANTANO Street Address (P.O. Box Number is Not Acceptable) 1620 MAIN ST. STE 6 City SARASOTA FL Zip Code 34236	
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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 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D MARCIANTANO, MICHAEL J. 1900 MAIN STREET SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL J. MARCANTANO 1620 MAIN ST., STE 6 SARASOTA, FL 34236 <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 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 type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

941-365-3368
Daytime Phone #