

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90037 007 \*\*\*150.00

44000434



01222004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3140310 Applied For Not Applicable

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

DOCUMENT # V60725  
1. Entity Name  
CUNNINGHAM LAW GROUP, P.A.



Principal Place of Business Mailing Address  
100 SOUTH ASHLEY DR. 100 SOUTH ASHLEY DR.  
SUITE 100 SUITE 100  
TAMPA, FL 33602 TAMPA, FL 33602

2. Principal Place of Business 3. Mailing Address  
601 Bayshore Blvd 601 Bayshore Blvd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
750 750

City & State City & State  
TAMPA FL TAMPA FL  
Zip Zip  
33606 Hillsborough 33606 Hillsborough

6. Name and Address of Current Registered Agent  
CUNNINGHAM, TONY  
100 SOUTH ASHLEY DR.  
SUITE 100  
TAMPA, FL 33602

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 *[Signature]* DATE 1/28/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 CUNNINGHAM, TONY 100 S. ASHLEY DR., #100 TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other, like empowered.  
SIGNATURE: *[Signature]* DATE 1/28/04 813258-0333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR