

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # V74232

1. Entity Name
PROMOCOM SERVICES, INC.



Principal Place of Business

**1111 W. CASS STREET
TAMPA, FL 33606 US**

Mailing Address

**C/O RALPH MANGIONE
201 NORTH FRANKLIN ST., #2600
TAMPA, FL 33601**



04182004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3153390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MANGIONE, RALPH P
201 NORTH FRANKLIN ST.
STE. #2600
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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)

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**

**000000122448
04/21/04-80029-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BISHOP, BRUCE J JR
STREET ADDRESS	3009 EUCLID AVENUE
CITY-STATE-ZIP	TAMPA, FL 33629
TITLE	T
NAME	BISHOP, ROBIN
STREET ADDRESS	3009 EUCLID AVENUE
CITY-STATE-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-04