


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P93000049870 1. Entity Name HAAS AND CASTILLO, P.A.	
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Principal Place of Business 19321-C US HWY 19 N SUITE 401 CLEARWATER, FL 33764 US	Mailing Address 19321-C US HWY 19 N SUITE 401 CLEARWATER, FL 33764 US
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04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3192211	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASTILLO, MARCUS A
19321-C US HWY 19 N
SUITE 401
CLEARWATER, FL 33764**

**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

000000121810
04/21/04-80004-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTILLO, MARCUS A 19321-C US HWY 19 N, SUITE 401 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAAS, LEE L 19321-C US HWY 19 N, SUITE 401 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - 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 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

Lee L. Haas, V.P.

4/07/04
Date

(727) 535-4544
Daytime Phone #