


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 601734**  
 1. Entity Name  
**SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.**



Principal Place of Business <b>4400 PGA BLVD          STE 800          PALM BCH GARDENS, FL 33410 US</b>	Mailing Address <b>4400 PGA BLVD          STE 800          PALM BEACH GARDENS, FL 33410 US</b>
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1280898</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**  
**BARRA, RICHARD K  
 4400 PGA BOULEVARD, SUITE 800  
 PALM BCH. GDNS., FL 33410**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARRIS, JAMES R 4400 PGA BOULEVARD, SUITE 800 PALM BCH. GDNS., FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRA, RICHARD K 4400 PGA BOULEVARD, SUITE 800 PALM BCH GDNS., FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JORGENSEN, JOHN M 4400 PAG BOULEVARD, SUITE 800 PALM BCH GDNS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BRYAN, JOHN L JR 4400 PGA BOULEVARD STE 800 WEST PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/20/05-80001-001 150.00

**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)(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 empowered.

**SIGNATURE:** \_\_\_\_\_ **1/10/05** **561-624-3900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #