

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-29-2004 90100 043 ***150.00

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01062004 Chg-P CR2E034 (10/03)

DOCUMENT # 601867 1. Entity Name MOYLE, FLANIGAN, KATZ, RAYMOND & SHEEHAN, P.A.					
Principal Place of Business 625 N. FLAGLER DR. 9TH FL. P.O. BOX 3888 WEST PALM BEACH, FL 33401			Mailing Address 625 N. FLAGLER DR. 9TH FL. P.O. BOX 3888 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1304995	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLANIGAN, JOHN F. 436 OYSTER ROAD N. PALM BEACH, FL 33408			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOYLE, JON C		NAME	Wilton L. White	
STREET ADDRESS	3445 SPYGLASS WAY		STREET ADDRESS	2549 Seminole Circle, West Palm Beach	
CITY-ST-ZIP	JUPITER, FL 33477, 33477		CITY-ST-ZIP	Florida 33409	
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZ, MARTIN		NAME		
STREET ADDRESS	7287 PIONEER ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANIGAN, JOHN F		NAME		
STREET ADDRESS	7287 PIONEER RD		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEEHAN, THOMAS A., III		NAME		
STREET ADDRESS	54 OLD BRIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYMOND, MARK E		NAME		
STREET ADDRESS	8416 MAN-O-WAR ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 JOHN F. FLANIGAN VICE PRESIDENT		
			Date (561) 659-7500 1.28.04 Daytime Phone #		