


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90008 035 ***150.00

DOCUMENT # 646387

1. Entity Name
BLALOCK, LANDERS, WALTERS & VOGLER, P.A.



Principal Place of Business
**802-11TH STREET WEST
 BRADENTON, FL 34205**

Mailing Address
**802-11TH STREET WEST
 BRADENTON, FL 34205**

44004916



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1950976 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**BLALOCK, ROBERT G
 802-11TH STREET WEST
 BRADENTON, FL 33505**

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 _____ 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, 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 VP D NAME BLALOCK, ROBERT G STREET ADDRESS 6705 ARBOR OAKS DRIVE CITY-ST-ZIP BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE VP / D NAME Jonathan D. Fleece STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME WALTERS, CLIFFORD L. STREET ADDRESS 511 51ST STREET NW CITY-ST-ZIP BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE VP / D NAME Kimberly D. Ashton STREET ADDRESS 4956 Creekside Trail CITY-ST-ZIP Sarasota, FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VDT NAME VOGLER, EDWARD I STREET ADDRESS 9649 18TH AVE CIR NW CITY-ST-ZIP BRADENTON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD T NAME HELD, BARBARA ANN STREET ADDRESS 13400 2 AVE EAST 1407 Water oak way S. CITY-ST-ZIP BRADENTON, FL Bradenton FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VDS NAME JOHNSON, CHARLES F. STREET ADDRESS 922 83 ST NW 735 Hillcrest Drive CITY-ST-ZIP BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP D NAME BAGWELL, LISA STREET ADDRESS 802-11TH STREET WEST 436 Bowdoin Circle CITY-ST-ZIP BRADENTON, FL 34205 Sarasota FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Camel L. Walters Pres Date: (941) 748-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #