

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90021 046 ****61.25

DOCUMENT # 746078	
1. Entity Name THE PROFESSIONALS' BUILDING OF KEY BISCAVNE, INC.	
Principal Place of Business 50 W. MASHTA DR., SUITE 2 SUITE 4 KEY BISCAVNE, FL 33149	Mailing Address 50 W. MASHTA DR., SUITE 2 SUITE 4 KEY BISCAVNE, FL 33149
2. Principal Place of Business 50 W. MASHTA DR.	3. Mailing Address 50 W. MASHTA DR.
Suite, Apt. #, etc. SUITE 4	Suite, Apt. #, etc. SUITE 4
City & State KEY BISCAVNE, FL	City & State KEY BISCAVNE, FL
Zip 33149	Country
Zip 33149	Country

04014004



02162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2126150	Applied For Not Applicabl
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBERTS, NORMAN T., ESQ. 50 W. MASHTA DR., SUITE 4 KEY BISCAVNE, FL 33149		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)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, NORMAN T. 1121 CRANDON BLVD., #E408 KEY BISCAVNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANCASTER, KENNETH 155 OCEAN LN. DR. #304 KEY BISCAVNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANCASTER, ROMY Z. 155 OCEAN LN. DR. #304 KEY BISCAVNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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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 617, 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: Kenneth M. Lancaster Date: 02-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH LANCASTER, PRESIDENT Daytime Phone # _____