

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12652

FILED
Jan 14, 2004
Secretary of State

Entity Name: JOSLIN & HERSHKOWITZ, P.A.

Current Principal Place of Business:

1212-66TH ST NORTH
ST PETERSBURG, FL 337106226

New Principal Place of Business:

Current Mailing Address:

1212-66TH ST NORTH
ST PETERSBURG, FL 337106226

New Mailing Address:

FEI Number: 59-2047818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSLIN, TIMOTHY J
1212-66TH ST N
ST PETERSBURG, FL 337106226

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: JOSLIN, TIMOTHY J,
Address: 7864 9TH AVE SO.
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VD () Delete
Name: HERSHKOWITZ, HAL E
Address: 1140 3RD AVE SO
City-St-Zip: TIERRA VERDE, FL 337152229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL E. HERSHKOWITZ

VD

01/14/2004

Electronic Signature of Signing Officer or Director

_____ Date