


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # G72152

1. Entity Name
PORGES, HAMLIN, KNOWLES & PROUTY, P.A.



Principal Place of Business
**1205 MANATEE AVE W.
 BRADENTON, FL 34205**

Mailing Address
**P O BOX 9320
 BRADENTON, FL 34206**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2343522

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PORGES, GREGORY J.
 1205 MANATEE AVE. WEST
 BRADENTON, FL 34206**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PORGES, GREGORY J 1205 MANATEE AVE, W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAMLIN, CURTIS D 1205 MANATEE AVE, W BRADENTON, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KNOWLES, TIMOTHY A 1205 MANATEE AVE, W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PROUTY, STEVEN W 1205 MANATEE AVE W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000009320
 01/21/04-80006-022 150.00

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: _____ DATE: **1/12/04** DAYTIME PHONE #: **941-748-3776**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR