


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L12103**  
 1. Entity Name  
 PATRICIA L. STROWBRIDGE, P.A.



Principal Place of Business      Mailing Address  
 1516 E COLONIAL DR              1516 E COLONIAL DR  
 202                                      202  
 ORLANDO, FL 32803              ORLANDO, FL 32803



**DO NOT WRITE IN THIS SPACE**

02162004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2964640	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
 STROWBRIDGE, PATRICIA L.  
 1516 E COLONIAL DR  
 SUITE 202  
 ORLANDO, FL 32803

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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 *Patricia L. Strowbridge*      DATE 3-12-04

Signature, typed or printed name of registered agent and file if applicable      (NOT: Registered Agent Signature required when re-election)

**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	PSTD STROWBRIDGE, PATRICIA L. 1516 E COLONIAL DR, STE. 202 ORLANDO, FL 32803
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 03/18/04-80030-009 158.75

**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)(c), 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 prior like filings.

SIGNATURE *Patricia L. Strowbridge*      Date 3-15-04      Daytime Phone # 407 894-1525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR