


2004 FOR PROFIT CORPORATION ANNUAL REPORT

06-21-2004 90004 019 ****150.00
L35560

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SECRETARY OF STATE
TAL 54058232 FLORIDA

DOCUMENT # L35560					
1. Entity Name MAGNUS FLAWS & COMPANY, CPA'S, P.A.					
Principal Place of Business 3242 HENDERSON BLVD. SUITE 301 TAMPA, FL 33601			Mailing Address 3242 HENDERSON BLVD. SUITE 301 TAMPA, FL 33601		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2975032	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLAWS, MAGNUS JR. 101 E. KENNEDY BOULEVARD SUITE 2550 TAMPA, FL 33602				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLAWS, MAGNUS JR.		NAME		
STREET ADDRESS	3242 HENDERSON BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLAWS, LAWRENCE R.		NAME		
STREET ADDRESS	3242 HENDERSON BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Magnus Flaws, Jr.</i> MAGNUS FLAWS, JR.			6/18/04 813-875-1040		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



Attachments - L35560

54058232



**MAGNUS
FLAWS**
& COMPANY, P.A.

Certified Public Accountants
"Accounting for Your Success"

June 18, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2004 Annual Report

Earlier this year I had requested and received a hard copy of subject form which was filled out, signed and mailed by me. The check was one of 28 checks printed on April 1st as shown on the copy of our Detail Report for that date, and was mailed in the envelope you provided around April 16th. When the check had not cleared in the April bank statement, we felt it would during May. When that did not occur I contacted your office and was advised to download a new form, complete it, write another check, and send it with this letter.

Thank you for your cooperation.

Sincerely,

Magnus Flaws, Jr.

MFJr:lac
Enclosure(s)

Magnus Flaws, Jr., C.P.A.
Lawrence R. Flaws, C.P.A.
Joseph R. Steinman, C.P.A.
Carlton Cunningham, C.P.A.

Members
A.I.C.P.A., F.I.C.P.A.

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