


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000078552  
 1. Entity Name  
 ANN SEARS, P.A.



Principal Place of Business  
 6160 N DAVIS HWY, SUITE 8  
 PENSACOLA, FL 32504

Mailing Address  
 6160 N DAVIS HWY, SUITE 8  
 PENSACOLA, FL 32504

**DO NOT WRITE IN THIS SPACE**



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3668506 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 SEARS, ANN  
 6160 N DAVIS HWY, SUITE 8  
 PENSACOLA, FL 32504

**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: *Ann Sears* DATE: 1/30/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000028448  
 02/04/04-80027-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEARS, ANN
STREET ADDRESS	6160 NORTH DAVIS HIGHWAY #8
CITY - ST - ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(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: *Ann Sears* DATE: 1/30/04 (850) 477-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #