2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000077814

1. Entity Name
BLOSSER & SAYFIE, P.A.

Principal Place of Business

450 E LAS OLAS BLVD STE 700
FT LAUDERDALE, FL 33301

Mailing Address

450 E LAS OLAS BLVD STE 700
FT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1127167	Not Applicable

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

6. Name and Address of Current Registered Agent

SAYFIE, JUSTIN J
450 E LAS OLAS BLVD STE 700
FT LAUDERDALE, FL 33301

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Reg stered 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	D
NAME	BLOSSER, JAMES J
STREET ADDRESS	450 E LAS OLAS BLVD STE 700
CITY ST ZIP	FT LAUDERDALE, FL 33301
TITLE	D
NAME	SAYFIE, JUSTIN J
STREET ADDRESS	450 E LAS OLAS BLVD STE 700
CITY ST ZIP	FT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
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04/05/04-80031-015 150.00

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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: _Justin J Sayfie_ Justin J. Sayfie   954-523-2427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #