


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90383 037 ***150.00

DOCUMENT # P0100098951

1. Entity Name
KELLIE E. TOMEO, P.A.



Principal Place of Business
**801 INTERNATIONAL PKWY
 5TH FLOOR
 LAKE MARY, FL 32746**

Mailing Address
**801 INTERNATIONAL PKWY
 5TH FLOOR
 LAKE MARY, FL 32746**



2. Principal Place of Business
200 S. Orange Avenue
 Suite, Apt. #, etc.
Suite 1220
 City & State
Orlando, Florida

3. Mailing Address
200 S. Orange Ave.
 Suite, Apt. #, etc.
Suite 1220
 City & State
Orlando, Florida

04302004 Chg-P CR2E034 (10/03)

Zip
32801 Country
USA

Zip
32801 Country
USA

4. FEI Number
59-3749949 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**TOME0, KELLIE E ESQ.
 801 INTERNATIONAL PARKWAY
 5TH FLOOR
 LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Avenue
Suite 1220
 City
Orlando FL Zip Code
32801

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  **KELLIE E. TOMEO** **4/30/04**
Signature, typed or printed name of registered agent and title if applicable. (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

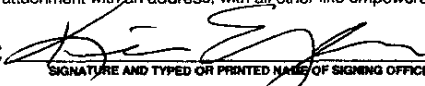
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOME0, KELLIE E 801 INTERNATIONAL PARKWAY, 5TH FLOOR LAKE MARY, FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLIE E, TOMEO 200 S. Orange Ave., Suite 1220 Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **KELLIE E. TOMEO** **4/30/04** **407-849-0080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #