

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047185

FILED
Apr 02, 2004
Secretary of State

Entity Name: LISA JEAN MAILE, P.A.

Current Principal Place of Business:

20 CYPRESS POINT DRIVE
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

20 CYPRESS POINT DRIVE
NAPLES, FL 34105

New Mailing Address:

FEI Number: 74-3041550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAILE, LISA J
20 CYPRESS POINT DRIVE
NAPLES, FL 34105

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAILE, LISA J
Address: 20 CYPRESS POINT DRIVE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA MAILE

PRES

04/02/2004

Electronic Signature of Signing Officer or Director

Date