


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000094743  
 1. Entity Name  
 ADRIANA C. OTTO, P.A.



Principal Place of Business      Mailing Address  
 102 N ST CLAIR ABRAMS AVE      102 N ST CLAIR ABRAMS AVE  
 TAVARES, FL 32778                  TAVARES, FL 32778

**DO NOT WRITE IN THIS SPACE**



04282004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 76-0713411      Not Applicable

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

6. Name and Address of Current Registered Agent  
 OTTO, ADRIANA C  
 102 N ST CLAIR ABRAMS AVE  
 TAVARES, FL 32778

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

000000156498  
 05/05/04-80080-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OTTO, ADRIANA C
STREET ADDRESS	1200 OVERLOOK RD
CITY - ST - ZIP	EUSTIS, FL 32726
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: Adriana Otto      ADRIANA OTTO / President      343 1214  
 \_\_\_\_\_      \_\_\_\_\_      4/23/04

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