2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-24-2004 90010 044 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P02000115778

1. Entity Name
ROBERT L. VAUGHN, P.A.

Principal Place of Business	Mailing Address
12995 SOUTH CLEVELAND AVENUE SUITE 248 FORT MYERS FL 33907	12995 SOUTH CLEVELAND AVENUE SUITE 248 FORT MYERS FL 33907

2. Principal Place of Business	3. Mailing Address
2080 Collier Ave	2080 Collier Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT Myers Fla.	City & State: FT. Myers, Fla.
Zip: 33901 Country: Lee	Zip: 33901 Country: Lee

4. FEI Number 65-0867726 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAUGHN, ROBERT L 12995 SOUTH CLEVELAND AVENUE SUITE 248 FORT MYERS FL 33907	Name: Vaughn Robert L. Street Address (P.O. Box Number is Not Acceptable): 2080 Collier Ave City: FT Myers FL Zip Code: 33901

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] 2/17/04
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	VAUGHN, ROBERT L	NAME	
STREET ADDRESS	~~12995 SOUTH CLEVELAND AVENUE SUITE 248~~	STREET ADDRESS	2080 Collier Ave
CITY-ST-ZIP	FORT MYERS FL ~~33907~~	CITY-ST-ZIP	FT. MYERS, Fla. 33901
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 2/17/04 239 936-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #