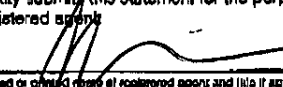
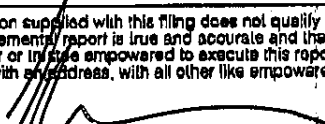


2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-08-2004 90116 004 ***150.00

DOCUMENT # P03000088384				Secretary of State	
1. Entity Name J. ERIC TENNISON, P.A.				09-08-2004 90116 004 ***150.00	
Principal Place of Business 1805 WILLIAMS RD PLANT CITY, FL 33565		Mailing Address 1805 WILLIAMS RD PLANT CITY, FL 33565		34071868	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06062004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FE Number 210-0073956	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐		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		
FORAT, RON 7505 ALLOWAY ST TAMPA, FL 33625			Name J. ERIC TENNISON		
J. Eric Tennison 1805 Williams Rd Plant City FL 33565			Street Address (P.O. Box Number is Not Acceptable) 1805 WILLIAMS RD		
			City PLANT CITY		
			FL Zip Code 33565		
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 8-31-04					
Signatures, typed or printed names of registered agents and filer if applicable. (NOTE: Registered Agent signature required when relinquishing)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D TENNISON, ERIC J 1805 WILLIAMS RD PLANT CITY, FL 33565			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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:  DATE 8-31-04 813-766-3742					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					