

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000010406

Entity Name: 2309 DALE MABRY, INC.

FILED
Aug 31, 2004
Secretary of State

Current Principal Place of Business:

2309 N. DALE MABRY
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2309 N. DALE MABRY
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3292035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, RANDOLPH J
100 NORTH TAMPA STREET
SUITE 2700
TAMPA, FL 33602 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SONNESCHEIN, DENNIS
Address: 2309 DALE MABRY
City-St-Zip: TAMPA, FL 33607

Title: VPD () Delete
Name: KLEINHANS, DON
Address: 2309 DALE MABRY
City-St-Zip: TAMPA, FL 33607

Title: ST () Delete
Name: BERKENS, MICHAEL
Address: 2309 N. DALE MABRY
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: ABDO, JOSEPH
Address: 2309 N. DALE MABRY
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DON KLEINHANS

VPD

08/31/2004

Electronic Signature of Signing Officer or Director

_____ Date