


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000044280
 1. Entity Name
 2501 BRISTOL, INC.



Principal Place of Business Mailing Address
 P.O. BOX 85 P.O. BOX 85
 WEST PALM BEACH, FL 33402 WEST PALM BEACH, FL 33402

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0753835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHNSON, SCOTT A
 505 S FLAGLER DR
 STE 1010
 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, SCOTT A
STREET ADDRESS	505 S FLAGLER DR, STE 1010
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	KOENIG, PATRICK C
STREET ADDRESS	505 S FLAGLER DR, STE 1010
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	JOHNSON, RICHARD S JR.
STREET ADDRESS	505 S FLAGLER DR, STE 1010
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: _____ Daytime Phone #: _____