

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062742

FILED
Jan 23, 2004
Secretary of State

Entity Name: THE STOCKTON GROUP, P.A.

Current Principal Place of Business:

540 BRICKELL KEY DR., STE. 1812
MIAMI, FL 33131

New Principal Place of Business:

4420 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

Current Mailing Address:

540 BRICKELL KEY DR., STE. 1812
MIAMI, FL 33131

New Mailing Address:

95 MERRICK WAY
SUITE 380
CORAL GABLES, FL 33146

FEI Number: 65-0851309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVE.
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: STOCKTON, LAWRENCE H
Address: 540 BRICKELL KEY DR., STE. 1812
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: STOCKTON, LAWRENCE H
Address: 4420 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

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: LAWRENCE H. STOCKTON

PRES

01/23/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date