

2004 FOR PROFIT CORPORATION ANNUAL REPORT

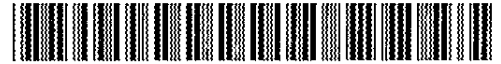
FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000093713
 1. Entity Name
 A ADVOCATES & ATTORNEYS OF KENNEDY LAW GROUP, P.A.



Principal Place of Business: 5100 WEST KENNEDY BLVD., STE. 100 TAMPA, FL 33609
 Mailing Address: 5100 WEST KENNEDY BLVD., STE. 100 TAMPA, FL 33609

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02262004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3607269 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KENNEDY, THOMAS J
 5100 WEST KENNEDY BLVD., STE. 100
 TAMPA, FL 33609

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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	KENNEDY, THOMAS J
STREET ADDRESS	5100 WEST KENNEDY BLVD., STE. 100
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	D
NAME	MERRICKS, HOWARD S
STREET ADDRESS	5100 WEST KENNEDY BLVD., STE. 100
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 807, 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: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR