2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S47874

1. Entity Name

GLATTHORN & COMPANY, P.A.



Principal Place of Business

411 PASADENA AVENUE SOUTH ST. PETERSBURG, FL 33707 Mailing Address

411 PASADENA AVENUE SOUTH ST. PETERSBURG, FL 33707



FILED

May 03, 2004 8:00 am Secretary of State

05-03-2004 91217 045 ***150.00

02052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3063730

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLATTHORN, GINA M. 411 PASADENA AVE SO ST. PETERSBURG, FL 33707

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered		gent signature re	quired when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE D NAME GLATTHORN, GINA M. STREET ADDRESS 411 PASADENA AVE S. CITY-ST-ZIP ST. PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this	filing does not qualify for the com-			

12. I nereby certify that the information supplied with this fling does not quality 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:

Gina Glatthorn

BRONATURE AND TYPED ON PRINTED NAME OF BRONING OFFICER OR DIRECTOR

4/29/04

727-347-5100

Daytime Phone #