


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90264 033 ***150.00

DOCUMENT # P03000039431 1. Entity Name GEORGANNE DELAUGHTER, P.A.					
Principal Place of Business 444 SEABREEZE BLVD SUITE 470 DAYTONA BEACH FL 32118			Mailing Address 444 SEABREEZE BLVD SUITE 470 DAYTONA BEACH FL 32118		
2. Principal Place of Business PO Box 265482, Daytona Bch 32126 same		3. Mailing Address same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 51-0461080	
Zip 		Country US		Zip 	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELAUGHTER, GEORGANNE 444 SEABREEZE BLVD SUITE 470 DAYTONA BEACH FL 32118				7. Name and Address of New Registered Agent Name George DeLaughter Street Address (P.O. Box Number is Not Acceptable) 717 Ocean Shore Blvd. City Ormond Beach FL Zip Code 32176	
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 <u><i>Georganne DeLaughter</i></u> <u><i>George D. DeLaughter</i></u> <u><i>3/31/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAUGHTER, GEORGANNE 444 SEABREEZE BLVD SUITE 470 DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	New address: PO Box 265482 Daytona Beach, FL 32126
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Georganne DeLaughter</i></u> <u><i>Georganne DeLaughter</i></u> <u><i>3/31/04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					