



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-12-2004 90030 016 ***150.00

DOCUMENT # 206970 1. Entity Name ATTORNEYS HOLDING INC					
Principal Place of Business 170 EAST GRANADA BLVD. P O BOX 65 ORMOND BEACH FL 32175				Mailing Address 170 EAST GRANADA BLVD. P O BOX 65 ORMOND BEACH FL 32175	
2. Principal Place of Business 170 E. GRANADA BLVD.		3. Mailing Address 170 E. GRANADA BLVD.		 MOORE CR2E034 (11/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL			
Zip 32176		Country USA		4. FEI Number 59-0943665	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONWAY, LOUIS E 170 E GRANADA BLVD. ORMOND BEACH FL 32176				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
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>Louis E. Conway</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 2/4/04	
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	PD BARR, WILLIAM M. 170 E. GRANADA BLVD. ORMOND BCH. FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOUIS E. CONWAY 170 E. GRANADA BLVD ORMOND BEACH FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAHL, JAMES G. 170 E. GRANADA BLVD. ORMOND BCH. FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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>Louis E. Conway</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/4/04 Daytime Phone # 386-673-4200	