
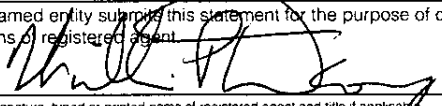


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90006 018 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # 461319 | |  | |
| 1. Entity Name VANCE, DONEY & MACGIBBON, P.A. | | | |
| Principal Place of Business 1615 FORUM PLACE STE 4C WEST PALM BEACH FL 33401 | | Mailing Address 1615 FORUM PLACE STE 4C WEST PALM BEACH FL 33401 | |
| 2. Principal Place of Business 1665 Palm Beach Lakes Blvd. | | 3. Mailing Address 1665 Palm Beach Lakes Blvd. | |
| Suite, Apt. #, etc. Suite 610 - The Forum | | Suite, Apt. #, etc. Suite 610 - The Forum | |
| City & State West Palm Beach, FL | | City & State West Palm Beach, FL | |
| Zip 33401 | Country USA | Zip 33401 | Country USA |
| 6. Name and Address of Current Registered Agent DONEY, WILLIAM P 1615 FORUM PLACE STE 4C WEST PALM BEACH FL 33401 (See Above) | | 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  William P. Doney, President 2/3/04 (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 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 | SD MACGIBBON, B D <input type="checkbox"/> Delete 1615 FORUM PLACE WEST PALM BEACH FL 33401 See Above | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DONEY, WILLIAM P. <input type="checkbox"/> Delete 1615 FORUM PLACE WEST PALM BEACH FL 33401 See Above | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

 **William P. Doney**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04

(561) 684-5544

Date

Daytime Phone #