


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 496685</b> 1. Entity Name <b>JOHN PAUL HOWARD, P.A.</b>																													
Principal Place of Business <b>3811 BLANDING BLVD SUITE 3 JACKSONVILLE FL 32210-4155</b>			Mailing Address <b>3811 BLANDING BLVD SUITE 3 JACKSONVILLE FL 32210-4155</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number <b>59-1674434</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>HOWARD, JOHN PAUL 3811 BLANDING BLVD SUITE 3 JACKSONVILLE FL 32210</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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><i>John Paul Howard</i></u> DATE <u>2-18-04</u> <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOWARD, JOHN PAUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3811 BLANDING BLVD, STE 3</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32210</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	HOWARD, JOHN PAUL		STREET ADDRESS	3811 BLANDING BLVD, STE 3		CITY-ST-ZIP	JACKSONVILLE FL 32210		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">U00000057995</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>02/20/04-80012-012 150.00</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	U00000057995	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	02/20/04-80012-012 150.00		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 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>John Paul Howard</i></u> DATE <u>2-18-04</u> TEL <u>904-796-6136</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													