

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601166

FILED
Apr 28, 2004
Secretary of State

Entity Name: WILTON R. KANE, P.A.

Current Principal Place of Business:

1705 E. MAHAN DR.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1705 E. MAHAN DR.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-1264670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANE, NANCY
817 LAKE RD. DR.
TALLAHASSEE, FL US

Name and Address of New Registered Agent:

KANE, NANCY
817 LAKE RD. DR.
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: NANCY KANE

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KANE, WILTON R
Address: 817 LAKE RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: ST () Delete
Name: KANE, NANCY
Address: 817 LAKE RIDGE DR.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY KANE

VP

04/28/2004

Electronic Signature of Signing Officer or Director

Date