## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 16, 2004 08:00 AM Secretary of State

| L  | OCUMENT     | # | 60 | 15 | U | J |
|----|-------------|---|----|----|---|---|
| 1. | Entity Name |   |    |    |   |   |

JAMES P. PANICO, PROFESSIONAL ASSOCIATION



Principal Place of Business

Mailing Address

111 SOUTH MAITLAND AVENUE

111 SOUTH MAITLAND AVENUE

SUITE 100 MAITLAND, FL 32751 SUITE 100 MAITLAND, FL 32751



DO NOT WRITE IN THIS SPACE

02052004 No Chg-P GR2E034 (10/03)

4. FEI Number 59-1294847

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PANICO, JAMES P 111 SOUTH MAITLAND AVENUE MAITLAND, FL 32751

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| the obligat   | ions of registered agent.   | •   |  |   |   |
|---|---|---|--|---|---|
| SIGNATURE.  | Significate, typed or printed name of registered agent and title  | if applicable. ()   | NOTE. Registored Agent signature   | required when reinstating)  | DATE  |
| FILE NOW!!! FEE IS \$150.00 9. Election Car After May 1, 2804 Fee will be \$550.00 Trust Fund 0 |   |   | npaign Financing<br>Contribution,  | \$5.00 May Be<br>Added to Fees  | 000000030024<br>03/16/04-80014-006 150.00   |
| 10.   | OFFICERS AND DIREC  | CTORS   |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PS<br>PANICO, JAMES P.<br>725 LAKE SYBELIA DRIVE<br>MAITLAND, FL  |   |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>PANICO, JAMES P.<br>725 LAKE SYBELIA DRIVE<br>MAITLAND, FL   |   |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-57-ZIP  |   |   |  | DO  | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-SI-ZIP  |   |   |  | IN .  | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  |   |   |
| TATLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  |   |   |
| 12. I hereby sindicated of the corchanged   | certify that the information supplied with this for this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, wiff a | iling does not qualify<br>and accurate and th<br>d to execute this rep<br>il other like empower | y for the exemption states<br>lat my signature shall have<br>cort as required by Chap-<br>red. | d in Section 119.07(3)<br>to the same legal effecter 607, Florida Statute | (i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directores; and that my name appears in Block 10 or Block 11 if |

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