
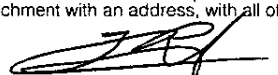


-2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90008 021 ***150.00

DOCUMENT # 602936			
1. Entity Name GETZEN AND HAGIN, P.A.			
Principal Place of Business 132 BUSHNELL PLAZA P.O. BOX 248 BUSHNELL FL 33513-0019 US		Mailing Address 132 BUSHNELL PLAZA P.O. BOX 248 BUSHNELL FL 33513-0019 US	
2. Principal Place of Business 239 N. MAIN Street		3. Mailing Address P.O. Box 248	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BUSHNELL FL		City & State BUSHNELL, FL	
Zip 33513	Country USA	Zip 33513-0019	Country USA
6. Name and Address of Current Registered Agent HAGIN, T RICHARD 132 BUSHNELL PLAZA BUSHNELL FL 33513		7. Name and Address of New Registered Agent Name: T. RICHARD HAGIN Street Address (P.O. Box Number is Not Acceptable) 239 N. MAIN STREET City: BUSHNELL FL Zip Code: 33513	
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 _____ (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	PSD HAGIN, T RICHARD 132 BUSHNELL PLAZA BUSHNELL, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAGIN, T. RICHARD 239 N. MAIN STREET BUSHNELL FL 33513 <input checked="" 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
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)(j), 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:  T. RICHARD HAGIN		Date: 03-01-2004 Daytime Phone #: 352-603-0874	