


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 604371 1. Entity Name SIDNEY C. PETERSON, JR., P.A.	
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Principal Place of Business 418 CANAL STREET NEW SMYRNA BEACH, FL 32168-7010	Mailing Address PO BOX 428 NEW SMYRNA BEACH, FL 32170
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05102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3104469	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PETERSON, SID C. II 418 CANAL STREET NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

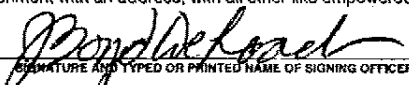
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PETERSON, SID C. II 418 CANAL STREET NEW SMYRNA BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELOACH, BOYD J 418 CANAL STREET NEW SMYRNA BCH, FL 00000,
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U000000162389
06/10/04-80002-011 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **J. BOYD DeLOACH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **V-President** **6/4/04** **386-428-2464**
Date Daytime Phone #