
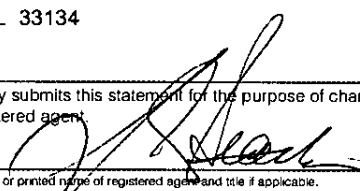
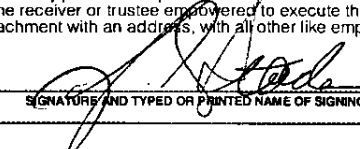


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90053 041 ***150.00

DOCUMENT # 697493 1. Entity Name CHARLES R. STACK, P.A.			
Principal Place of Business 2655 LE JEUNE RD STE 1108 CORAL GABLES, FL 33134		Mailing Address 2655 LE JEUNE RD STE 1108 CORAL GABLES, FL 33134	
2. Principal Place of Business 525 E. Strawbridge Avenue		3. Mailing Address 525 E Strawbridge Ave.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Melbourne, Florida		City & State Melbourne, Florida	
Zip 32901		Zip 32901	
Country Brevard		Country Brevard	
4. FEI Number 59-2174724		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACK, CHARLES R, ESQ 2655 LE JEUNE RD STE 1108 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Stack, Charles R, Esq. Street Address (P.O. Box Number is Not Acceptable) 525 E Strawbridge Avenue City Melbourne	
FL		Zip Code 32901	
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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	DP STACK, CHARLES R., ESQ. 2655 LEJEUNE RD STE 1108 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stack, Charles R, Esq. 525 E Strawbridge Ave Melbourne, Florida 32901
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
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)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/13/04 <small>Daytime Phone #</small>	