


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90069 044 \*\*\*150.00

<b>DOCUMENT # F32967</b> 1. Entity Name <b>FRED W. FELDMANN, P.A.</b>					
Principal Place of Business <b>1346 BROADWATER DR. FT. MYERS FL 33919 US</b>				Mailing Address <b>1346 BROADWATER DR. FT. MYERS FL 33919 US</b>	
2. Principal Place of Business <b>759 OAKMONT LA</b> Suite, Apt. #, etc.		3. Mailing Address <b>759 OAKMONT LA</b> Suite, Apt. #, etc.			
City & State <b>WINTER HAVEN FL</b>		City & State <b>WINTER HAVEN FL</b>		4. FEI Number <b>59-2103787</b>	
Zip <b>33884</b> Country <b>USA</b>		Zip <b>33884</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FELDMANN, FRED W. 1346 BROADWATER DR. FT. MYERS FL 33919</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>759 OAKMONT LA</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33884</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>FELDMANN, FRED W</b> <b>1346 BROADWATER DR.</b> <b>FT MYERS FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>759 OAKMONT LA</b> <b>WINTER HAVEN FL</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>FELDMAN, JACQUELINE O</b> <b>1346 BROAD WATER DR</b> <b>FORT MYERS FL 33919</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>759 OAKMONT LA</b> <b>WINTER HAVEN FL</b>	
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	
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.					
<b>SIGNATURE: <u>Fred W. Feldmann</u> FRED W. FELDMANN 3-15-04 863 326 5056</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					