2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F49879

1. Entity Name
LAU, LANE, PIEPER, CONLEY & MCCREADIE, P.A.

Principal Place of Business	Mailing Address
100 S. ASHLEY DRIVE 1700 TAMPA, FL 33602-5311 US	P.O. BOX 838 TAMPA, FL 33601-0838 US

01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2132119
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANE, CHARLES C
100 S. ASHLEY DR., SUITE #1700
TAMPA, FL 33602

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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 $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HORAN, MARY ANNETTE
STREET ADDRESS	100 S ASHLEY DR #1700
CITY-ST-ZIP	TAMPA, FL
TITLE	PD
NAME	LANE, CHARLES C
STREET ADDRESS	100 S ASHLEY DR #1700
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	MCCREADIE, DAVID W.
STREET ADDRESS	100 SOUTH ASHLEY DRIVE, SUITE 1700
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	LAU, MARY A.
STREET ADDRESS	100 S ASHLEY DR #1700
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	CONLEY, TIMOTHY C.
STREET ADDRESS	100 S ASHLEY DR. #1700
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	PIEPER, NATHANIEL
STREET ADDRESS	100 S ASHLEY DR #1700
CITY-ST-ZIP	TAMPA, FL

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02/06/04-80140-001 150.00

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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: [signature] CHARLES C. LANE 1/29/04 813 229-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #