2904 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F52500

1. Entity Name PAUL C. SCHERER, P.A.



FILED
Jan 15, 2004 08:00 AM
Secretary of State

Principal Place of Business

2255 5TH AVE NO ST. PETERSBURG, FL 33713 Mailing Address

2255 5TH AVE NO

ST. PETERSBURG, FL 33713



CB2E034 (10/03)

DO NOT WRITE IN THIS SPACE

•	.00200		 	-,
4.	FEI Number			Applied For
	59-21342		Not Applicable	

5. Certificate of Status Desired See Required Fee Required

6. Name and Address of Current Registered Agent

SCHERER, PAUL C. 2255 5H AVE NO SAINT PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

B. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and life if	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
FiL After M	E NOW!!! FEE 18 \$150.00 ny 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10.	ÓFFICERS AND DIREC	TORS	l		
TITLE NAME STREET ADDRESS CRY-ST-ZIP	DP SCHERER, PAUL C 2255 5TH AVE NO ST PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000005442 01/15/04-80051-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZP				— <u> </u>	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 thestee ampowered 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: SONATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

(-9-04 322-16/2 Date Daylins Phone 9