


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # F52541 1. Entity Name CRAWFORD, GAUSE, KLOS, REYNOLDS & YEAGER, P.A.	
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Principal Place of Business C/O DONALD D BLACK 7300 FOURTH ST N ST PETERSBURG, FL 33702 US	Mailing Address C/O DONALD D BLACK 7300 FOURTH ST N ST PETERSBURG, FL 33702 US
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03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2131788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, MICHAEL J
7300 4TH STREET NORTH
ST PETERSBURG, FL 33702

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

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**

1100000093857
03/31/04-80021-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCMD BLACK, DONALD D 1974 IOWA AVE NE ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, MICHAEL J 6160 IRVING CIR N SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLOS, JAREMA W 2239 WILLOWBROOK DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAWFORD, THOMAS W 4132 10TH STREET N.E. ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILIP, BARTALEZO 12425 81ST PLACE #O SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 employment.

SIGNATURE:

[Signature] Donald D. Black III JDS 3-29-04 727 521-1815
Signature and typed or printed name of signing officer or director Date Daytime Phone #