

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F53244

FILED  
Jan 15, 2004  
Secretary of State

**Entity Name:** VINCENT D. SAPP, P.A., ATTORNEY AT LAW

**Current Principal Place of Business:**

2069 FIRST ST STE 206  
PO BOX 720  
FT. MYERS, FL 33902

**New Principal Place of Business:**

**Current Mailing Address:**

2069 FIRST ST STE 206  
PO BOX 720  
FT. MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 59-2138828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAPP, VINCENT D.  
2069 FIRST ST  
STE 206  
FT. MYERS, FL 33901

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: SAPP,VINCENT D.,  
Address: 2069 FIRST ST STE 206  
City-St-Zip: FORT MYERS, FL

Title: D ( ) Delete  
Name: SAPP,VINCENT D.,  
Address: 2069 FIRST ST STE 206  
City-St-Zip: FORT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: SAPP,VINCENT D.,  
Address: 2069 FIRST ST STE 206  
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change ( ) Addition  
Name: SAPP,VINCENT D.,  
Address: 2069 FIRST ST STE 206  
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** VINCENT D. SAPP

P

01/15/2004

Electronic Signature of Signing Officer or Director

Date