**2004 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Jan 27, 2004 8:00 am Secretary of State **DOCUMENT # F53534** 01-27-2004 90001 050 \*\*\*150.00 1. Entity Name W. RODERICK BOWDOIN, P.A. Principal Place of Susiness Mailing Address 44004551 285 NE HERNANDO AVE PO BOX 2201 . O. BOX 220#-P. O. BOX 2201 LAKE CITY, FL 32055 LAKE CITY, FL 32056 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2134610 Not Applicable \$8.75 Acquionai 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOWDOIN, W. RODERICK DO NOT WRITE 327 N. HERNANDO STREET 285 N.E Hern LAKE CITY, FL 32055 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. 1 am familiar with, and accept the obligations of registered agen SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS BOWDOIN, W RODERICK NAME STREET ADDRESS 227 N HERNANDO ST. 285 N E. Hen CITY - ST - ZIP LAKE CITY, FL 32055 TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS 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

FILED