

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F69453

FILED
Mar 08, 2004
Secretary of State

Entity Name: DR. JIM GERBRACHT, P.A.

Current Principal Place of Business:

615 A UNITED ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

615 A UNITED ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2274933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERBRACHT, JIM
615 A UNITED ST
KEY WEST, FL 33040

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: GERBRACHT, JIM,
Address: 615 A UNITED ST
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: GERBRACHT, JIM,
Address: 615 A UNITED ST
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: GERBRACHT, JAMES J.,
Address: 615 A UNITED ST
City-St-Zip: KEY WEST, FL 33040 US

Title: D (X) Change () Addition
Name: GERBRACHT, JAMES J.,
Address: 615 A UNITED ST
City-St-Zip: KEY WEST, FL 33040 US

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: JAMES J. GERBRACHT

D

03/08/2004

Electronic Signature of Signing Officer or Director

_____ Date