


2004 FOR PROFIT CORPORATION ANNUAL REPORT

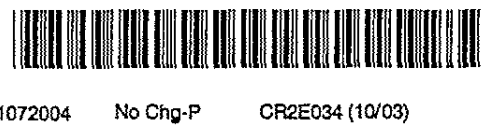
FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F97840
 1. Entity Name
MERLE F. HENRY, C.P.A., P.A.



Principal Place of Business Mailing Address
 6258 PRESIDENTIAL CT., SW STE 104 6258 PRESIDENTIAL CT., SW STE 104
 FORT MYERS, FL 33919 FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE



4. FEI Number Applied For
59-2222613 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HENRY, MERLE F.
 6258 PRESIDENTIAL CT. SW
 FORT MYERS, FL 33919

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

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

U00000080802
 03/08/04-80123-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HENRY, MERLE F., C.P.A. 6258 PRESIDENTIAL CT. SW FORT MYERS, FL
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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 empowered.

SIGNATURE: Merle F. Henry Merle F. Henry MAR 5 2004 (239)481-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #