


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05 2004 08:00 AM
Secretary of State

DOCUMENT # G50301
 1. Entity Name
 LENARD H. GORMAN, P.A.



Principal Place of Business Mailing Address
 1320 SOUTH DIXIE HWY 1320 SOUTH DIXIE HWY
 1275 1275
 CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P... CR2E034 (10/03)

4. FEI Number 59-2311511	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
 GORMAN, LENARD H.
 13700 SW 103RD AVE.
 MIAMI, FL 33176

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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) _____ 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDTS GORMAN, LENARD H 13700 SW 103RD AVE MIAMI, FL 00000,
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 04/05/04-80035-016 150.00

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12. I hereby certify that the information submitted 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 changed, or on an attachment to my address, with all other like empowered.

SIGNATURE:  **LENARD H GORMAN** Date: **4/2/04** Daytime Phone #: **(305) 668-8288**