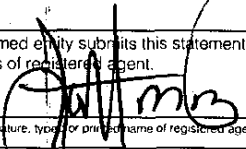
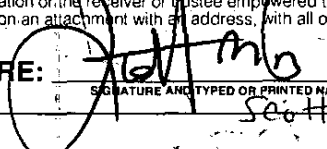


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90009 022 ***550.00

DOCUMENT # G60072					
1. Entity Name SCOTT M. MCPHERSON, P.A.					
Principal Place of Business 6640 CONGRESS ST NEW PORT RICHEY, FL 34653			Mailing Address 6640 CONGRESS ST NEW PORT RICHEY, FL 34653		
2. Principal Place of Business SCOTT M. MCPHERSON, P.A. 5723 MAIN STREET NEW PORT RICHEY, FL 34652			3. Mailing Address SCOTT M. MCPHERSON, P.A. 5723 MAIN STREET NEW PORT RICHEY, FL 34652		
City & State		City & State		4. FEI Number 59-2326497	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCPHERSON, SCOTT M 6640 CONGRESS ST. NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 7/1/04					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCPHERSON, SCOTT M 6640 CONGRESS ST. NEW PORT RICHEY, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCOTT M. MCPHERSON, P.A. 5723 MAIN STREET NEW PORT RICHEY, FL 34652	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			President + 7/1/04 (727) 848 8892		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SCOTT M. MCPHERSON			Date Daytime Phone #		