

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

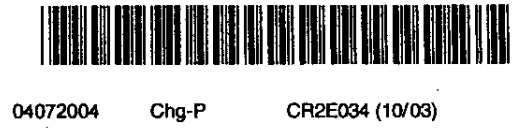
04-12-2004 90242 009 ***150.00

DOCUMENT # H08358
 1. Entity Name
 JOANNE F. KILLEEN, ATTORNEY, P.A.

Principal Place of Business Mailing Address
~~2133 5TH AVE N.~~ 2133 5TH AVE N.
 ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713

2. Principal Place of Business 3. Mailing Address
 5000 Park Blvd 5000 Park Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ste 1 Ste 1

City & State City & State
 Pinellas Park FL Pinellas Park FL
 Zip Country Zip Country
 33781 USA 33781 USA



4. FEI Number Applied For
 59-2424833 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KILLEEN, JOANNE F.
~~2133 FIFTH AVENUE NORTH~~
 ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable)
 5000 Park Blvd
 Ste 1
 City Pinellas Park FL Zip Code 33781

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: Joanne F. Killeen Joanne F. Killeen 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (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	PD <input type="checkbox"/> Delete KILLEEN, JOANNE F. 5000 PARK BLVD STE 1 PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Joanne F. Killeen, Pres. 4-7-04 727-546-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Joanne F. Killeen