## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Jan 12, 2004 8:00 am Secretary of State

DOCUMENT # H23530  1. Entity Name FITZGERALD & BROOKS, P.A.								01-12-2004 90023 031 ***150.00						
Principal Place of Business 6839 CAROLINE ST MILTON, FL 32570 US			683	Mailing Address 6839 CAROLINE ST MILTON, FL 32570 US							(P1 848)) Bush	rk		
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01062004	Cho	g-P	CR2E0	34 (10/03)		
City & State			Cit	City & State				4. FEI Numb					pplied For	
Zip	Country			Zip Coun			5. Certificate of Status D			Desired	sired \$8.75 Additional Fee Required			
6. Name and Address of Current F				legistered Agent			7. Name and Address of New Registered Agent							
		Name						_ `-						
FITZGERALD, J.PAUL 6839 CAROLINE ST MILTON, FL 32570							Street Address (P.O. Box Number is Not Acceptable)							
		·				City					FL	Zip Cod	9	
	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		or printed name of registered agent	and tale if an	APOTS aldering	Destictores	d Agent signature	ram itad	uban rainstatina			DATE			
	orginatore, typed	t partied traine of registered agent	and title ii at	ppicable. (NOTE	negisterek	o Agent signature	required	when rensamp)	1		DATE			
		FEE IS \$150.00 \$ Fee will be \$550.	00	9. Election Campai Trust Fund Contr		naing		00 May Be ed to Fees					ı	
10.		OFFICERS AND	DIRECTO	DRS	11.	1		ADDITIONS	/CHANGE	S TO OFFIC	ERS AND	DIRECTORS	S IN 11	
TITLE	Р			☐ Delete	TITLE					-		Change	☐ Addition	
NAME	FITZGER.	ALD, J. PAUL		NAMI	E			1	C	سفي		_		
STREET ADDRESS CITY-ST-ZIP	202 OAK MILTON,					ET ADDRESS -ST-ZIP	683 Mi	19 Caro	Fl.	7725	70			
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NAME		KENNETH L JR		NAMI			40.	19 Czro	line	Stree	7			
STREET ADDRESS	202 OAK					ET ADDRESS -ST-ZIP	100	19 Caro	FL	325	10			
CITY-ST-ZIP	MILTON,	rL 32370			_		116.	1000						
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indiantad	12. I hereby certify that the information supplied with this filling 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.													
SIGNAT	UPE:	SIGNATURE AND TYPED OR	PONTED NA	ME OF SIGNING OFFICER	OR DIRECT	ron .		1/8	Days	104	D	aytime Phone if		