


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90053 016 ***150.00

DOCUMENT # H37518 1. Entity Name JOHN W. CONLIN, P.A.																											
Principal Place of Business 63 53RD STREET OACEN MARATHON FL 33050 US		Mailing Address PO BOX 500097 MARATHON FL 33050-0097 US																									
2. Principal Place of Business <i>3515 Jonathan Harbour Dr.</i>		3. Mailing Address <i>3515 Jonathan Harbour Dr.</i>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <i>Jupiter, FL</i>		City & State <i>Jupiter, FL</i>																									
Zip <i>33477</i>		Zip <i>33477</i>																									
Country <i>US</i>		Country <i>US</i>																									
4. FEI Number 59-2628291		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CONLIN, JOHN W. 63 53RD STREET, OCEAN MARATHON FL 33050		7. Name and Address of New Registered Agent Name <i>John W. Conlin</i> Street Address (P.O. Box Number is Not Acceptable) <i>3515 Jonathan Harbour Dr.</i> City <i>Jupiter</i> FL Zip Code <i>33477</i>																									
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONLIN, JOHN W.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>63 53RD STREET, OCEAN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARATHON FL</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	CONLIN, JOHN W.		STREET ADDRESS	63 53RD STREET, OCEAN		CITY-ST-ZIP	MARATHON FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P/D</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3515 Jonathan Harbour Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jupiter, FL 33477</td> <td></td> </tr> </table>		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	3515 Jonathan Harbour Dr.		CITY-ST-ZIP	Jupiter, FL 33477	
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>14 Feb 04</i> Daytime Phone # <i>661-433746</i>																									