
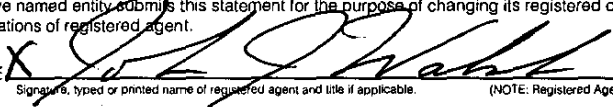



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90411 038 ***150.00

DOCUMENT # H78387					
1. Entity Name BERNARD F. WALSH, P.A.					
Principal Place of Business 7430 NORTH TAMiami TRAIL SARASOTA, FL 34243 IIS		Mailing Address 7430 NORTH TAMiami TRAIL SARASOTA, FL 34243 US			
2. Principal Place of Business 7301 Edenville Dr		3. Mailing Address 7301 Edenville Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota Florida		City & State Sarasota Florida		4. FEI Number 59-2580538	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 34243	Country USA	Zip 34243-1716	Country USA	04072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALSH, JOHN 7430 NORTH TAMiami TRAIL SARASOTA, FL 34243			Name Walsh, John		
			Street Address (P.O. Box Number is Not Acceptable) 7301 Edenville Dr		
			City Sarasota		
			FL		
			Zip Code 34243-1716		
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: 		DATE: 04/14/04			
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. <input type="checkbox"/> \$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	PD WALSH, BERNARD F. 7430 NORTH TAMiami TRAIL SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WALSH, BERNARD F. 7301 Edenville Dr Sarasota, FL 34243-1716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALSH, JOHN 7430 NORTH TAMiami TRAIL SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALSH, JOHN 7301 Edenville Dr Sarasota, FL 34243-1716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		DATE: 04/14/04		9413519058	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	