

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90085 029 \*\*\*150.00

<b>DOCUMENT # H79372</b> 1. Entity Name <b>SALLY D. PRATT, P.A.</b>					
Principal Place of Business <b>% SALLY D. PRATT</b> <b>550 5TH AVE. S. 616 5th Ave S.</b> <b>NAPLES, FL 33940 34102</b>			Mailing Address <b>C/O CLARK, STEVEN E., CPA</b> <b>700 11TH ST SO #PH3</b> <b>NAPLES, FL 33940 US</b> <b>34102</b>		
2. Principal Place of Business <b>616 5th Ave S.</b>		3. Mailing Address Suite, Apt. #, etc.		<b>94029372</b> 	
City & State <b>Naples, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-2637122</b>	
Zip <b>34102</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PRATT, SALLY D.</b> <b>550 5TH AVE. S.</b> <b>NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name <b>Steven E Clark, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>700 11th St SO #PH3</b> City <b>Naples</b> FL Zip Code <b>34102</b>	
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 <u>Steven E. Clark, CPA</u> DATE <u>3-12-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRATT, SALLY D. <del>550 5TH AVE. S.</del> NAPLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>616 5th Ave S.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, STEVEN E. 700 11TH ST S NAPLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u>Steven E. Clark</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-12-04</u> (239) 261-8022 <small>Daytime Phone #</small>		