


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90014 001 ***150.00

DOCUMENT # J12409 1. Entity Name MCDONALD & SHEARER, P.A.	
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Principal Place of Business 2000 E EDGEWOOD DR SUITE #107 LAKELAND, FL 33803 US	Mailing Address 2000 E EDGEWOOD DR SUITE #107 LAKELAND, FL 33803 US
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44010100



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2622737	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCDONALD, THOMAS A. 2000 E EDGEWOOD DR SUITE 107 LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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 _____
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	DST SHEARER, LAWRENCE D. 2000 E EDGEWOOD DR 107 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, THOMAS A. 2000 E EDGEWOOD DR 107 LAKELAND, FL 33803
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. McDonald

Date

Daytime Phone #

1/30/04 (813) 665-6895