

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39510

FILED  
Feb 02, 2004  
Secretary of State

Entity Name: STOWELL, ANTON & KRAEMER, P.A.

**Current Principal Place of Business:**

211 E CALL ST  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11059  
TALLAHASSEE, FL 323023059 US

**New Mailing Address:**

FEI Number: 59-2728778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOWELL, DOUGLAS  
211 EAST CALL STREET  
TALLAHASSEE, FL 32302 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: STOWELL, DOUGLAS L.,  
Address: 2213 ARMISTEAD ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DV      ( ) Delete  
Name: ANTON, GARY J.,  
Address: 6420 DANCER'S IMAGE TRL  
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD      ( ) Delete  
Name: KRAEMER, MARY K.,  
Address: 145 INDIAN BAYOU DR  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS L. STOWELL

DP

02/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date