


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90019 009 \*\*\*150.00

<b>DOCUMENT # J91313</b>	
1. Entity Name <b>DAVID C. BORNMAN, P.A.</b>	

Principal Place of Business <b>811-A DOUGLAS AVENUE P.O. BOX 1324 DUNEDIN, FL 34698</b>	Mailing Address <b>811-A DOUGLAS AVENUE P.O. BOX 1324 DUNEDIN, FL 34698</b>
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04060342



2. Principal Place of Business <b>10 COLETTE CT</b>	3. Mailing Address <b>PO Box 1324</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02232004 Chg-P CR2E034 (10/03)

City & State <b>DUNEDIN, FLORIDA</b>	City & State <b>DUNEDIN, FLORIDA</b>
Zip <b>34677</b>	Country
Zip <b>34697</b>	Country

4. FEI Number <b>59-2827038</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BORNMAN, DAVID C. 811-A DOUGLAS AVENUE DUNEDIN, FL 34698</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10 COLETTE CT</b> City <b>DUNEDIN</b> FL Zip Code <b>34677</b>
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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 *David Bornman* DATE 2-24-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BORNMAN, DAVID C 533 MAIN ST DUNEDIN, FL 34698</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10 COLETTE CT DUNEDIN, FLORIDA 34677</b> <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
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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.

SIGNATURE: *David Bornman* DAVID BORNMAN 2-24-04 727-772-0493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #