

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K01291

FILED
Feb 23, 2004
Secretary of State

Entity Name: LAWRENCE R. MEDOW, C.P.A., P.A.

Current Principal Place of Business:

10504 SOUTH U.S. HIGHWAY 1
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

10504 SOUTH U.S. HIGHWAY 1
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0011332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDOW, LAWRENCE
10504 SOUTH FEDERAL HWY
PORT ST. LUCIE, FL 34952

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: DPS () Delete
Name: MEDOW, LAWRENCE R.,
Address: 10504 S US HWY 1, #1
City-St-Zip: PORT ST. LUCIE, FL

Title: T () Delete
Name: MEDOW, LAWRENCE R.,
Address: 10504 S US HWY 1 #1
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LAWRENCE R. MEDOW

PRES

02/23/2004

Electronic Signature of Signing Officer or Director

Date