## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP

SIGNATURE:

## Feb 26, 2004 08:00 AM Secretary of State DOCUMENT # K56741 1. Entity Name JUDSON B. BAGGETT CPA, PA Mailing Address Principal Place of Business C/O JUDSON B. BAGGETT C/O JUDSON B. BAGGETT 6815 DAIRY ROAD 6815 DAIRY ROAD ZEPHYRHILLL, FL 33540 ZEPHYRHILLL, FL 33540 No Chg-P 01222004 CB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2916030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAGGETT, JUDSON B. DO NOT WRITE 6815 DAIRY ROAD IN THIS SPACE ZEPHYRHILLS, FL 33540 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, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstaling) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THLE BAGGETT, JUDSON B. NAME 6815 DAIRY ROAD STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL, U00000067312 02/26/04-80051-013 **150.00** ITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**