
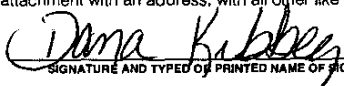


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90084 019 \*\*\*150.00

<b>DOCUMENT # K88715</b> 1. Entity Name <b>PAGE ONE COURT REPORTING, INC.</b>					
Principal Place of Business <b>C/O JOHN W. MADDEN</b> <b>789 SOUTH FEDERAL HIGHWAY, SUITE 310</b> <b>STUART, FL 34994 US</b>			Mailing Address <b>C/O JOHN W. MADDEN</b> <b>789 SOUTH FEDERAL HIGHWAY, SUITE 310</b> <b>STUART, FL 34994 US</b>		
2. Principal Place of Business <b>416 CAMDEN AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>416 CAMDEN AVE</b> Suite, Apt. #, etc.			
City & State <b>STUART FL</b>		City & State <b>STUART FL</b>		4. FEI Number <b>65-0120509</b>	
Zip <b>34994</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MADDEN &amp; GROSSO, PLC</b> <b>C/O JOHN W. MADDEN</b> <b>789 S. FEDERAL HWY, SUITE 310</b> <b>STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name <b>JOHN W. MADDEN, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>789 So. Federal Hwy # 310</b> City <b>STUART</b> <b>FL</b> Zip <b>34994</b>	
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  <b>JOHN W. MADDEN</b> DATE <b>04-08-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KIBBEY, DANA PAGE</b> <b>416 CAMDEN AVENUE</b> <b>STUART, FL 34994</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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: 		4-13-04		772-286-0023	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	