

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # K88715**  
 1. Entity Name  
**PAGE ONE COURT REPORTING, INC.**



Principal Place of Business  
**C/O JOHN W. MADDEN**  
**789 SOUTH FEDERAL HIGHWAY, SUITE 310**  
**STUART, FL 34994 US**

Mailing Address  
**C/O JOHN W. MADDEN**  
**789 SOUTH FEDERAL HIGHWAY, SUITE 310**  
**STUART, FL 34994 US**

2. Principal Place of Business  
**416 CAMDEN AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**416 CAMDEN AVE**  
 Suite, Apt. #, etc.

City & State  
**STUART FL**

City & State  
**STUART FL**

Zip  
**34994** Country  
**USA**

Zip  
**34994** Country  
**USA**

04072004 Chg-P CR2E034 (10/03)

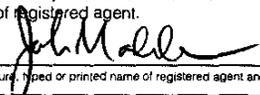
4. FEI Number  
**65-0120509** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MADDEN & GROSSO, PLC**  
**C/O JOHN W. MADDEN**  
**789 S. FEDERAL HWY, SUITE 310**  
**STUART, FL 34994**

7. Name and Address of New Registered Agent  
 Name  
**JOHN W. MADDEN, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**789 So. Federal Hwy # 310**  
 City  
**STUART FL** Zip  
**34994**

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:  **JOHN W. MADDEN** DATE: **04-08-04**

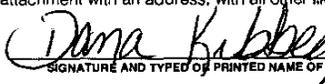
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Dana Kibbey** DATE: **4-13-04** Daytime Phone #: **772-286-0023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR