

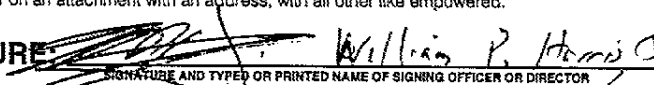


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | | | |
|---|--------------------------------|---|--|
| DOCUMENT # L45393 1. Entity Name WILLIAM P. HARRIS, JR., P.A. | |  | |
| Principal Place of Business 9300 S. DADELAND BLVD STE 308 MIAMI, FL 33156 US | | Mailing Address 9300 S DADELAND BLVD STE 308 MIAMI, FL 33156 US | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01292004 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 65-0165920 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARRIS, WILLIAM P., JR 9300 S DADELAND BLVD STE 308 MIAMI, FL 33156 | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 000000147027 05/03/04-80089-015 150.00 | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE | |
| TITLE | DPS | | |
| NAME | HARRIS, WILLIAM P., JR. | | |
| STREET ADDRESS | 9300 S DADELAND BLVD., STE 308 | | |
| CITY- ST- ZIP | MIAMI, FL 33156 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
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| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| 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  | | 4/29/04 (205) 670-7000 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |