

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66395

**FILED
Jan 08, 2004
Secretary of State**

Entity Name: MARIANNE L. MCCAIN, PH.D., P.A.

Current Principal Place of Business:

348 MIRACLE STRIP PKY
32A
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

924 POLAHONTAS DR.
FT. WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3013301 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAUMAN, STEVEN B.
25 WALTER MARTIN AVENUE
P.O. BOX 1856
FT. WALTON BEACH, FL 325491856

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: MCCAIN, MARIANNE L.,
Address: 924 POCAHONTAS DR.
City-St-Zip: FT WALTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIANNE L. MCCAIN

DPS

01/08/2004

Electronic Signature of Signing Officer or Director

_____ Date