


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M84694</b> 1. Entity Name KOOTER BROWNS OF FLORIDA, INC.	
--	---

Principal Place of Business 6014 NORTH NINTH AVENUE PENSACOLA, FL 32504	Mailing Address 6014 NORTH NINTH AVENUE PENSACOLA, FL 32504
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2892529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  THOMPSON, PAMELA S 5886 SHIMMERING PINES STREET PACE2, FL 32571
--

**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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<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</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALLER, WILLIAM R., 6121 ALICIA DR. PINES ST. PACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, W.W. III 7853 PETERSEN POINT MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, PAMELA S 5886 SHIMMERING PINES STREET PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000132626  
04/27/04-80052-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Pamela S. Thompson* (Pamela S. Thompson)

3-21-04 (850) 484-3100  
Date Daytime Phone #