## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M84888

1. Entity Name

THOMAS P. BIRMINGHAM, P.A.



FILED
Apr 30, 2004 08:00 AM
Secretary of State

Principal Place of Business

6294 BAHIA DEL MAR CIRCLE

UNIT 904

ST. PETERSBURG, FL 33715

Mailing Address

6294 BAHIA DEL MAR CIRCLE

**UNIT 904** 

ST. PETERSBURG, FL 33715



04282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2892538 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

727 864-2637

5. Name and Address of Current Registered Agent

BIRMINGHAM, THOMAS P. 6294 BAHIA DEL MAR CIRCLE UNIT 904

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

UNIT 904 ST. PETERSBURG, FL 33715			IN THIS SPACE		
<ol> <li>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.</li> </ol>					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent eignature required when reinstating)  UUUUUU 4 part H					
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	<del>  04/30/04-80032-805 158.75  </del>
10,	OFFICERS AND DIREC	CTORS	I	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRMINGHAM, THOMAS P. 6294 BAHIA DEL MAR CIR. ST. PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• • • •	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STHEET ADDRESS CITY-ST-ZIP					
TITLE HAME 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.					

Rosidont