2004 FOR PROFIT CORPORATION __ANNUAL REPORT

FILED Feb 09, 2004 8:00 am Secretary of State 02-09-2004 90031 029 ***150.00

DOCUMENT # M98323 1. Entity Name NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.							02-09-20	004 90031	029 ***15	0.00
Principal Place of Business 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236		•	Mailing Address 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236					106 IIII BIBII BIBII 8	16% 214 11 21 211 21 2	((42) } (38)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01292004	Chg-P	CR2E	034 (10/03)	
City & State			City & State			4. FEI Numb				oplied For ot Applicable
Zip	Country		Zip Cou			5. Certificate of Status		ed 🗌	\$8.75 Add Fee Require	
	6. Name and Addre	ess of Current Regis	stered Agent			7. Name and	Address of N	ew Registered	Agent -	- 2
NORTON,	SAM D			IN a	Name '					
1819 MAIN ST., STE 610				St	Street Address (P.O. Box Number is Not Acceptable)					
SARASOT	A, FL 34236							. urvi		
				Ci	ity			F	Zip Cod	e
S. The charge		ais statement for the	number of changing its	registered of	flice or registe	red agent, or ho	th in the State			and accept
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	algrature, typed or printed havin	e di registered agent ano nuc	i applicacie. (1011	C. regional of right						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	C	FFICERS AND DIRE	CTORS	11.			/CHANGES TO	OFFICERS AN		
THILE	VD	DELEV	☐ Delete	TITLE NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0	Ehr M.		☐ Change	Addition
name Street address (PHILIP N. HAMMEI 1819 MAIN STREE			STREET AD	DRESS Z	d main	5 t . St	e610		
CITY-ST-ZIP	SARASOTA, FL			CITY-ST-Z		noton, I noton, I id Main thesoto	JFC.	34236		
TITLE	VD		☐ Delete	TITLE		•	′		☐ Change	Addition
NAME STREET ADDRESS	CHAPMAN JR, JOI 1819 MAIN STREE		•	NAME STREET AD	ORESS					
CITY-ST-ZIP	SARASOTA, FL	1 00112 010		CITY-ST-7			_			
TITLE	DP Delete Tift								☐ Change	Addition
NAME STREET ADDRESS	NORTON, SAM D 1819 MAIN ST., STE. 610				DRESS				-	
CITY-ST-ZIP	SARASOTA, FL			CITY-ST-2						
TITLE	DVT		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	LOPEZ, E. JOHN		NAME STREET AD	ADDECC						
STREET ADDRESS CITY-ST-ZIP	1010 111 111 011 012			CITY-ST-	į.					,
TITLE	VD Delete			TITLE					☐ Change	Addition
NAME	SKOKOS, PETER Z			NAME	MDD504					
STREET ADDRESS CITY-ST-ZIP	101011111111111111111111111111111111111			STREET AD CITY-ST-1	1				·	
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME THE THE PROPERTY OF THE P			E .	name Street ac	nneccc					
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 an other like empowered.										
SIGNATURE: (F. John Lapez) 2-5-04 (941)954-4691										-4691
Ì	SIGNATU	ME AND ITPED OR PHINT	THE DIGITION OFFICE	" OU DIVECTOR		•			,	