

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90056 027 ***150.00

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01212004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000001046	
1. Entity Name ZELMAN & HANLON, P.A.	

Principal Place of Business 5633 AIRPORT BLVD NAPLES, FL 34112	Mailing Address 5633 AIRPORT BLVD NAPLES, FL 34112
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2. Principal Place of Business 5633 NAPLES BLVD Suite, Apt. #, etc.	3. Mailing Address 5633 NAPLES BLVD Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NAPLES FL	4. FEI Number 65-0964139	Applied For <input type="checkbox"/> Not Applicable
Zip 34109	Country USA	Zip 34109	Country USA

6. Name and Address of Current Registered Agent ZELMAN, THEODORE 5633 AIRPORT BLVD NAPLES, FL 34109-4885		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5633 NAPLES BLVD City FL Zip Code	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELMAN, THEODORE 5633 AIRPORT BLVD NAPLES, FL 341094885 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5633 NAPLES BLVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANLON, SHARON 5633 AIRPORT BLVD NAPLES, FL 341094885 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5633 NAPLES BLVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **1-22-04 (539) 598-3222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #