2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004
Secretary of State

DOCUMENT# P00000008460

Entity Name: SAMOUCE, MURRELL & GAL, P.A.

Current Principal Place of Business:

800 LAUREL OAK DR
STE 300
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

800 LAUREL OAK DR
STE 300
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3623373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURRELL, ROBERT E
SAMOUCE MURRELL AND FRANCOEUR
800 LAUREL OAK DR STE 300
NAPLES, FL 34108

Name and Address of New Registered Agent:

MURRELL, ROBERT E
SAMOUCE MURRELL AND GAL, P.A.
800 LAUREL OAK DR STE 300
NAPLES, FL 34108

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: ROBERT E. MURRELL 03/10/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FRANCOEUR, PHILIP M
Address: 2231 FOREST LN
City-St-Zip: NAPLES, FL 34102

Title: VPSD ( ) Delete
Name: MURRELL, ROBERT E
Address: 1721 SAN BERNADINO WAY
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Delete
Name: SAMOUCE, ROBERT C
Address: 1219 SALVIA LN
City-St-Zip: NAPLES, FL 34105

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: SAMOUCE, ROBERT C
Address: 1219 SALVIA LANE
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: GAL, ALFRED F JR.
Address: 6981 BURNT SIENNA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: ASTD ( ) Change (X) Addition
Name: MURRELL, TERESA F
Address: 1721 SAN BERNADINO WAY
City-St-Zip: NAPLES, FL 34109

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: ROBERT C. SAMOUCE PD 03/10/2004
Electronic Signature of Signing Officer or Director Date