


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000024098 1. Entity Name MIRA STAGGERS WHITE, ATTORNEY AT LAW, P.A.	
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Principal Place of Business 20020 VETERANS SUITE 1 PORT CHARLOTTE, FL 33954	Mailing Address PO BOX 381175 MURDOCK, FL 33938
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DO NOT WRITE IN THIS SPACE



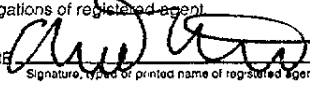
06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1084701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, MIRA STAGGERS 4210 LIBRARY STREET PORT CHARLOTTE, FL 33948

**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  DATE **7/1/04**
(NOTE: Registered Agent signature required when reinstalling)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, MIRA STAGGERS 4210 LIBRARY STREET PORT CHARLOTTE, FL 33948
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1000000163220
07/06/04-80004-019 150.00

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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:  DATE **7/1/04** (941)627-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR