


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90166 044 ***150.00

DOCUMENT # P00000052576 1. Entity Name TIFFANY J. LANIER, P.A.					
Principal Place of Business 3020 HIGH RIDGE RD. 555 BOYNTON BEACH, FL 33426			Mailing Address PO BOX 244764 BOYNTON BEACH, FL 33424		
2. Principal Place of Business 16 Pepperwood Court Suite, Apt. #, etc.			3. Mailing Address PO Box 244764 Suite, Apt. #, etc.		
City & State Boynton Beach FL		City & State Boynton Beach FL		4. FEI Number 65-1017049	
Zip 33426		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANIER, TIFFANY J 3020 HIGH RIDGE RD. SUITE 555 BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name Lanier Tiffany J Street Address (P.O. Box Number is Not Acceptable) 16 Pepperwood Court City Boynton Beach FL Zip Code 33426	
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 <u><i>Tiffany J Lanier</i></u> DATE <u>4/30/4</u> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LANIER, TIFFANY J 3020 HIGH RIDGE RD. SUITE 555 BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Lanier Tiffany J 16 Pepperwood Court Boynton Beach, FL 33426
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
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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: <u><i>Tiffany J Lanier</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>5/1-301-0913</u> <small>Days/hrs Phone #</small>	

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04222004 Chg-P CR2E034 (10/03)