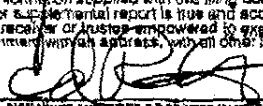


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000068907		
1. Entity Name EDMOND R. RANCOURT, P.A.		
Principal Place of Business 1339 BEVILLE RD DAYTONA BEACH, FL 32119		Mailing Address 1339 BEVILLE RD DAYTONA BEACH, FL 32119
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent ADAIR, MELODY 1339 BEVILLE RD DAYTONA BEACH, FL 32119		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: _____ (Signature, typewritten printed name of registered agent and title if applicable)		DATE: _____ (NOTE: Registered Agent Signature Required when reappointing)
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000144632 04/30/04-80140-004 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANCOURT, EDMOND R 1339 BEVILLE RD DAYTONA BEACH, FL 32119	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME 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(2)(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 407, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report.		
SIGNATURE: 		4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #