


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90004 047 ***150.00

DOCUMENT # P01000004340	
1. Entity Name LAWRENCE C. SCHILL, P.A.	

Principal Place of Business 226 PALAFOX PL 6TH FL PENSACOLA, FL 32501	Mailing Address 226 PALAFOX PL 6TH FL PENSACOLA, FL 32501
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2. Principal Place of Business 226 Palafox Place Suite, Apt. #, etc. 6th Floor City & State Pensacola FL Zip 32502 Country USA	3. Mailing Address 226 Palafox Place Suite, Apt. #, etc. 6th Floor City & State Pensacola FL Zip 32502 Country USA
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01122004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3691317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHILL, LAWRENCE C 226 PALAFOX PL 6TH FL PENSACOLA, FL 32501	
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7. Name and Address of New Registered Agent Name LAWRENCE C. SCHILL Street Address (P.O. Box Number is Not Acceptable) 226 Palafox Place City Pensacola FL Zip Code 32502	
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHILL, LAWRENCE C 226 S PALAFOX PL - 6TH FLOOR PENSACOLA, FL 32501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: _____ 1/12/04 8504380955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #