


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90004 034 ***150.00

DOCUMENT # P01000009211 1. Entity Name DAVID J. WOLFMAN, P.A.			
Principal Place of Business 200 W MERRITT ISLAND CSWY MERRITT ISLAND FL 32952		Mailing Address 200 W MERRITT ISLAND CSWY MERRITT ISLAND FL 32952	
2. Principal Place of Business 1300 Bedford Dr. Suite, Apt. #, etc. Suite 103 City & State Melbourne, FL Zip 32940	3. Mailing Address 1300 Bedford Dr. Suite, Apt. #, etc. Suite 103 City & State Melbourne, FL Zip 32940	4. FEI Number 59-3743859	
6. Name and Address of Current Registered Agent WOLFMAN, DAVID J 200 W MERRITT ISLAND CSWY MERRITT ISLAND FL 32952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1300 Bedford Dr., Suite 103 Melbourne, FL City FL Zip Code 32940	
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 _____ <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 Make Check Payable to Florida Department of State		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	PD WOLFMAN, DAVID J 200 W MERRITT ISLAND CSWY MERRITT ISLAND FL 32952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1300 Bedford Dr., Suite 103 Melbourne, FL 32940
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2/12/04

Date

✓ 1-321-259-4293

Daytime Phone #