


2004 FOR PROFIT CORPORATION ANNUAL REPORT


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

08-06-2004 90006 017 ***150.00

DOCUMENT # P01000009932	
1. Entity Name DIANNA BOLTON, P.A.	

Principal Place of Business 6304 TRAIL BLVD. N. NAPLES, FL 34108	Mailing Address PO BOX 10111 NAPLES, FL 34101
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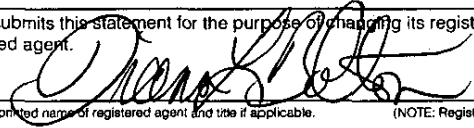
2. Principal Place of Business 4910 TAMMAM TR. N.	3. Mailing Address
Suite, Apt. #, etc. SUITE 122	Suite, Apt. #, etc.
City & State NAPLES, FL 34103	City & State
Zip 34103	Country USA

	
08022004 Chg-P	CR2E034 (10/03)
4. FEI Number 65-1072031	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	
BOLTON, DIANNA 6304 TRAIL BLVD. N. NAPLES, FL 34108	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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 **Aug 2/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLTON, DIANNA 6304 TRAIL BLVD. N. NAPLES, FL 34108 <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:  **Aug 2/04 239-514 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #