
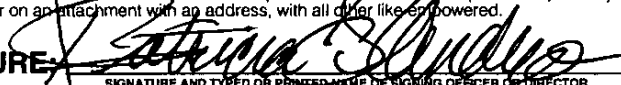


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-24-2005 90056 040 \*\*\*550.00

<b>DOCUMENT # P01000029212</b>					
1. Entity Name <b>PATRICIA FIELDS ANDERSON, P.A.</b>					
Principal Place of Business <b>447 3RD AVENUE NORTH, #405 ST. PETERSBURG, FL 33701</b>			Mailing Address <b>447 3RD AVENUE NORTH, #405 ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business <b>7116 Gulf Blvd</b>		3. Mailing Address <b>7116 Gulf Blvd</b>			
Suite, Apt. #, etc. <b>Suite D</b>		Suite, Apt. #, etc. <b>Suite D</b>			
City & State <b>St. Pete Beach FL</b>		City & State <b>St. Pete Beach FL</b>		4. FEI Number <b>59-3704668</b>	
Zip <b>33706</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ANDERSON, PATRICIA FIELD 447 3RD AVENUE NORTH, #405 ST. PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ANDERSON, PATRICIA FIELD</b>	NAME	<b>Anderson, Patricia Fields</b>		
STREET ADDRESS	<b>447 3RD AVENUE NORTH, #405</b>	STREET ADDRESS	<b>7116 Gulf Blvd ste D</b>		
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>	CITY-ST-ZIP	<b>St. Pete Beach FL 33706</b>		
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ANDERSON, PATRICIA FIELD</b>	NAME	<b>Anderson, Patricia Fields</b>		
STREET ADDRESS	<b>447 3RD AVENUE NORTH #405</b>	STREET ADDRESS	<b>7116 Gulf Blvd Ste D</b>		
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>	CITY-ST-ZIP	<b>St Pete Beach fL 33706</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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(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 		Date <b>7/22/05</b>		Daytime Phone # <b>727 363-6100</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**50063161**



07152005 Chg-P CR2E034 (10/03)