2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000029715

1. Entity Name

PATRICIA JOSEPH-BECKER P.A.

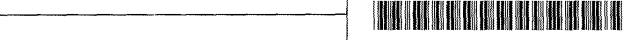


EILED Mar 15, 2004 08:00 AM Secretary of State

Principal Place of Business

220 SADOWSKI CAUSEWAY KEY COLONY BEACH, FL 33051-0767 Mailing Address

220 SADOWSKI CAUSEWAY KEY COLONY BEACH, FL 33051



DO NOT WRITE IN THIS SPACE

03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1104230 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, JOHN P 7650 GIBRAITER COURT NORTH SAINT PETERSBURG, FL 33709

DO NOT WRITE IN THIS SPACE

				_	The state of the s	.
	named entity submits this statement for the priors of registered agent.	urcose of changing its registered	office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and acco	ept
SIGNATURE	Signature, typed or printed name of registered agent and title if	apt/scable. (NOTE, Registered A	gent signatus	e reculred when reinstating)	DATE DATE	ت. <u>ت</u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.80 May Be Trust Fund Contribution.		U00000058811 03/15/04-80067-003 150.00		
10.	OFFICERS AND DIREC	TCRS				
TITLE NAME STREET ADDRESS CITY+SI-ZIP	D JOSEPH, PAUL G P O BOX 510095 KEY COLONY BEACH, FL 33151	· 444.72		· · _		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D JOSEPH, JOHN P 7650 GIBRALTER COURT SAINT PETERSBURG, FL 33709				····	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH-BECKER, PATRICIA 220 SADOWSKI CAUSEWAY KEY COLONY BEACH, FL 33051			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**	*- <u>-</u>	-		
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(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:

STATURE AND TYPED OR PRINTED NAME OF ESGNING OFFICER OR DIRECTOR

3/12/04

Daylino Phone #