

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045464

FILED
Jan 22, 2004
Secretary of State

Entity Name: SIMS, AMAT, STAKENBORG & HENRY, P.A.

Current Principal Place of Business:

118 SW FT KING ST
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

118 SW FT KING ST
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3716206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAKENBORG, ELIZABETH F
118 SW FT. KING STREET
OCALA, FL 34478 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SIMS, DOROTHY
Address: 118 SW FT KING ST
City-St-Zip: OCALA, FL 34478

Title: V () Delete
Name: DANIEL, AMAT
Address: 118 SW FT. KING ST
City-St-Zip: OCALA, FL 34478

Title: T () Delete
Name: ELIZABETH, STAKENBORG
Address: 118 SW FT KING ST
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: HENRY, CLAUDET N
Address: 118 SW FT KING ST
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SIMS, DOROTHY C
Address: 118 SW FT KING ST
City-St-Zip: OCALA, FL 34478

Title: DVP (X) Change () Addition
Name: AMAT, DANIEL A
Address: 118 SW FT KING ST
City-St-Zip: OCALA, FL 34478

Title: DT (X) Change () Addition
Name: STAKENBORG, ELIZABETH F
Address: 118 SW FT KING ST
City-St-Zip: OCALA, FL 34478

Title: DS (X) Change () Addition
Name: HENRY, CLAUDETH J
Address: 118 SW FT KING ST
City-St-Zip: OCALA, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY SIMS

P

01/22/2004

Electronic Signature of Signing Officer or Director

Date