

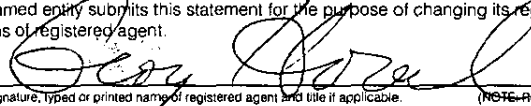
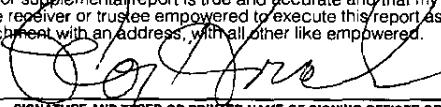


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90296 039 ***158.75

DOCUMENT # P01000052931					
1. Entity Name GEORGE HORAK, P.A.					
Principal Place of Business 8970 SEMINOLE BLVD SEMINOLE, FL 33772			Mailing Address 8970 SEMINOLE BLVD SEMINOLE, FL 33772		
2. Principal Place of Business 11350-66 STREET NORTH Suite, Apt. #, etc. SUITE 109		3. Mailing Address P.O. Box 48764 Suite, Apt. #, etc.			
City & State LARGO, FLORIDA		City & State SAINT PETERSBURG		4. FEI Number 59-3716787	
Zip 33773		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORAK, GEORGE P.A. 8970 SEMINOLE BLVD SEMINOLE, FL 33772			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 4-27-2004 <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		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME HORAK, GEORGE STREET ADDRESS 8970 SEMINOLE BLVD CITY-ST-ZIP SEMINOLE, FL 33772	TITLE GEORGE HORAK <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11350-66 STREET, NORTH SUITE STREET ADDRESS LARGO, FL 33773 CITY-ST-ZIP 109		TITLE GEORGE HORAK <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11350-66 STREET NORTH, SUITE 109 STREET ADDRESS LARGO, FL 33743 CITY-ST-ZIP		
TITLE V <input type="checkbox"/> Delete NAME HORAK, GEORGE STREET ADDRESS 8970 SEMINOLE BLVD. CITY-ST-ZIP SEMINOLE, FL 33772	TITLE GEORGE HORAK <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11350-66 STREET NORTH, SUITE 109 STREET ADDRESS LARGO, FL 33743 CITY-ST-ZIP		TITLE GEORGE HORAK <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11350-66 STREET, NORTH SUITE 109 STREET ADDRESS LARGO, FLORIDA 33743 CITY-ST-ZIP		
TITLE S <input type="checkbox"/> Delete NAME HORAK, GEORGE STREET ADDRESS 8970 SEMINOLE BLVD. CITY-ST-ZIP SEMINOLE, FL 33772	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		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:  DATE 4-27-2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					