


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90001 033 \*\*\*150.00

<b>DOCUMENT # P01000079237</b> 1. Entity Name <b>ROSEMARY NAUGHTON THOMAS, P.A.</b>					
Principal Place of Business <b>512 FIRST ST. NEPTUNE BEACH, FL 32266</b>			Mailing Address <b>512 FIRST ST. NEPTUNE BEACH, FL 32266</b>		
2. Principal Place of Business <b>193 St. George Court</b> Suite, Apt. #, etc.			3. Mailing Address <b>193 St. George Court</b> Suite, Apt. #, etc.		
City & State <b>Jacksonville Beach, FL</b> Zip <b>32250</b> Country <b>USA</b>			City & State <b>Jacksonville Beach, FL</b> Zip <b>32250</b> Country <b>USA</b>		
4. FEI Number <b>59-3738155</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>THOMAS, ROSEMARY N 512 FIRST ST. NEPTUNE BEACH, FL 32266</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>193 St. George Court</b> City <b>Jacksonville Beach</b> <b>FL</b> Zip Code <b>32250</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST THOMAS, ROSEMARY N <del>512 FIRST ST.</del> <del>NEPTUNE BEACH, FL 32266</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>193 St. George Court</b> <b>JACKSONVILLE BEACH, FL 32250</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Rosemary N. Thomas</i>			Date <b>8-20-04</b> Daytime Phone # <b>9042412533</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**54069918**



07212004 Chg-P CR2E034 (10/03)