

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90003 011 ***150.00

| | | | | | |
|---|---------------------------------|---|--|---|--|
| DOCUMENT # P01000084164 | | | | | |
| 1. Entity Name HAROLD WELLMAN, P.A. | | | | | |
| Principal Place of Business 6083 TERRA ROSA CIRCLE BOYNTON BEACH, FL 33437 | | | Mailing Address 2080 NW 2ND AVE BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business 9574 Shepard PL Suite, Apt. #, etc. | | 3. Mailing Address 22232 Woodborn DR Suite, Apt. #, etc. | | | |
| City & State Wellington FL Zip 33414 Country USA | | City & State Boca Raton FL Zip 33428 Country USA | | 4. FEI Number 65-1133931 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MULLIN, JAMES G 2080 NW BOCA RATON BLVD., #6 BOCA RATON, FL 33431 | | | 7. Name and Address of New Registered Agent Name: Laurel Adler Street Address (P.O. Box Number is Not Acceptable): 22232 Woodborn DR City: Boca Raton FL Zip Code: 33428 | | |
| 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: <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE: PD NAME: WELLMAN, HAROLD STREET ADDRESS: 6083 TERRA ROSA CIRCLE CITY-ST-ZIP: BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Delete | | TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 9574 Shepard PL STREET ADDRESS: Wellington FL 33414 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 | |
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| 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: 7/16/04 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

Attachment
J MULLIN TAX SERVICE, INC.

22232 WOODBORN DRIVE
BOCA RATON, FLORIDA 33428
561-218-1768

2407421

July 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Harold Wellman, P.A.
Doc. #P01000084164

Dear Sir or Madam:

Please accept the enclosed check of \$150.00 as the filing fee for the above corporation's 2004 Annual Report filing fee.

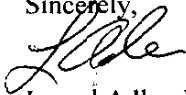
The above corporation's previous accounting firm never informed the corporate owner that this fee was due and owing to the State of Florida.

We are correcting that problem by having our address listed as the mailing address, so this problem will not occur in the future.

The properly filled out Annual Report form is also enclosed and signed by the corporate representative.

Thank you for your assistance in this matter.

Sincerely,



Laurel Adler, Vice President, Pres.