

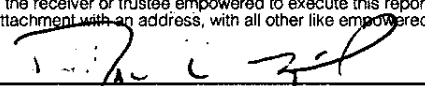


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90391 023 \*\*\*150.00

<b>DOCUMENT # P01000088423</b> 1. Entity Name <b>LIPSCOMB &amp; NICHOLAS, P.A.</b>					
Principal Place of Business <b>3111 WEST MARTIN LUTHER KING BOULEVARD SUITE 100 TAMPA, FL 33607</b>			Mailing Address <b>3111 WEST MARTIN LUTHER KING BOULEVARD SUITE 100 TAMPA, FL 33607</b>		
2. Principal Place of Business <b>4040 W. Waters Ave.</b>		3. Mailing Address <b>4040 W. Waters Ave.</b>		 03312004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. <b>1800</b>		Suite, Apt. #, etc. <b>1800</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa FL</b>			
Zip <b>33614</b>		Country <b>U.S.A.</b>		4. FEI Number <b>59-3742801</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>NICHOLAS, JOSEPH E 3111 WEST MARTIN LUTHER KING BLVD. #100 TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Nicholas, Joseph E. 4040 W. Water Ave., Ste. 1800 Tampa, FL 33614</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <input type="checkbox"/> Delete <b>LIPSCOMB, DAVID W 3111 WEST MARTIN LUTHER KING BLVD. #100 TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lipscomb, David W. 4040 W. Water Ave., Ste 1800 Tampa, FL 33614</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	
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: 			3/31/04 813-888-8788		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		