## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

## Jul 07, 2004 08:00 AM Secretary of State DOCUMENT # P01000089312 1. Entity Name PATŚY S. VAUGHN, P.A. Princip Place of Business Mailing Address 6221 OPPER LEAF LANE 6221 COPPER LEAF LANE NAPLES, FL 34116-6723 NAPLES, FL 34116-6723 No Chg-P CR2E034 (10/03) 07022004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1140409 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent VAUGHN, JOHN DO NOT WRITE 6221 COPPER LEAF LANE NAPLES, FL 34116-6723 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE PVST VAUGHN, PATSY NAME 6221 COPPER LEAF LANE STREET ADORESS NAPLES, FL 341166723 CITY-ST-ZIP TITLE NAME VAUGHN, PATSY 6221 COPPER LEAF LANE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 341166723 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 cath; 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.

FILED