2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2004 08:00 AM **DOCUMENT # P01000095072 Secretary of State** 1. Entity Name MASON J. BEAN, P.A. Principal Place of Business Mailing Address 60 E. GULF BEACH DR. 60 E. GULF BEACH DR. ST. GEORGE ISLAND, FL 32328 ST. GEORGE ISLAND, FL 32328 No Chg-P CR2E034 (10/03) 01062004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3750959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEAN, MARILYN L DO NOT WRITE 60 E. GULF BEACH DR. ST. GEORGE ISLAND, FL 32328 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. D 7171E NAME BEAN, MASON J U000000004023 60 E. GULF BEACH DR. STREET ADDRESS 01/14/04-80011-014 150.00 COY-ST-ZIP ST. GEORGE ISLAND, FL 32328 TITLE NAME STREET ADDRESS Control of the storm by the second color of the second second second second second second second second second CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE πιε NAME STREET ADDRESS CITY-ST-ZIP BILE

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: 12

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City_53-739