


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000099062


1. Entity Name
 JAY A. TAPLIN, P.A.



Principal Place of Business Mailing Address

1555 PALM BEACH LAKES BLVD SUITE 1510 1555 PALM BEACH LAKES BLVD SUITE 1510
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE



06242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1144259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAPLIN, JAY A
 1555 PALM BEACH LAKES BLVD SUITE 1510
 WEST PALM BEACH, FL 33401

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAPLIN, JAY A 1555 PALM BEACH LAKES BLVD SUITE 1510 WEST PALM BEACH, FL 33401
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 06/28/04-80002-019 550.00

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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 an other like empowered.

SIGNATURE:  624-04 561-684-8399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #