

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90022 019 ***150.00

DOCUMENT # P01000103550

1. Entity Name
JAMES F. PYLE, P.A.



Principal Place of Business
**210 NORTH LAKE SHORE WAY
P.O. BOX 557
LAKE ALFRED, FL 33850-0557**

Mailing Address
**210 NORTH LAKE SHORE WAY
P.O. BOX 557
LAKE ALFRED, FL 33850-0557**

54061482



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3756381	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

**PYLE, JAMES F
210 NORTH LAKE SHORE WAY
LAKE ALFRED, FL 33850-0557**

**DO NOT WRITE
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) DATE

**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 PYLE, JAMES F 210 NORTH LAKE SHORE WAY LAKE ALFRED, FL 338500557
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

James F. Pyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-04 (863) 956-5757



CERTIFIED PUBLIC ACCOUNTANT*

Certified Valuation Analyst

*Licensed by the State of Florida

Attachment

54061482
559 Avenue K, S.E. • Cypress Square
P.O. Box 1029
Winter Haven, FL 33882-1029
Phone: (863) 299-7277
Fax: (863) 293-6949
Website: www.dugascpa.com
E-mail: taxdugas@aol.com

July 2, 2004

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

Re: 2004 Annual Report
Document Number P01000103550
James F. Pyle, P.A.

To Whom It May Concern:

Our client James F. Pyle, PA received the postcard regarding the annual report and brought it to our office on April 22, 2004 because it's purpose was unclear to him. We mailed the postcard as instructed, however, the client never received any follow up form or information from your office. Therefore, the client did not file the annual report in a timely manner.

Because of the above stated circumstances we are requesting that the penalty be waived.

Sincerely,

Patrick J. Dugas
Certified Public Accountant, PA

PJD/kg

Enclosures: 2004 Annual Report
Check for \$150.00