




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000106881		
1. Entity Name ATTORNEY'S FEES, INC.		
Principal Place of Business 120 BUTLER STREET WEST PALM BEACH, FL 33401		Mailing Address 120 BUTLER STREET WEST PALM BEACH, FL 33401
DO NOT WRITE IN THIS SPACE		
		 01202004 No Chg-P CR2E034 (10/03)
		4. FEI Number 01-0584645
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KENNEY, TIMOTHY H 120 BUTLER STREET WEST PALM BEACH, FL 33401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	BOSWELL, DON R	
STREET ADDRESS	2875 S OCEAN BLVD STE 200	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VP	
NAME	KENNEY, TIMOTHY H	
STREET ADDRESS	120 BUTLER STREET STE B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		1-10-2004 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		561-547-6300 Daytime Phone #