


FILED
Jun 15, 2004 8:00 am
Secretary of State

05-04-2004 90126 041 ***150.00

**2004 FOR PROFIT CORPORATE
ANNUAL REPORT**

DOCUMENT # P01000107035		
1. Entity Name DOREEN DALE DUVALL FLOOD P.A.		
Principal Place of Business 6462 28TH AVE N ST. PETERSBURG, FL 33710		Mailing Address 6462 28TH AVE N ST. PETERSBURG, FL 33710
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DUVALL-FLOOD, DOREEN D 6462 28TH AVE N ST. PETERSBURG, FL 33710		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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>PRESIDENT</i> DUVALL FLOOD, DOREEN D. 6462 28TH AVE N ST. PETERSBURG, FL 33710	
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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 all other like empowered.		
SIGNATURE: <i>Doreen Dale Duvall Flood, P.A.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		6-1-04 727-481-8200 <small>Date Daytime Phone #</small>