


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90023 011 ***150.00

DOCUMENT # P01000112115
 1. Entity Name
JAMES N. RUDOLPH, P.A.



Principal Place of Business Mailing Address
 1836 WOODWARD STREET 1836 WOODWARD STREET
 ORLANDO FL 32803 ORLANDO FL 32803

J40043JU



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 4776 New Broad Street 4776 New Broad Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 100 100

City & State City & State
 Orlando, Florida Orlando, Florida
 Zip Country Zip Country
 32814 orange 32814 orange

4. FEI Number Applied For
 59-3757664 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUDOLPH, JAMES N
 1836 WOODWARD STREET
 ORLANDO FL 32803

7. Name and Address of New Registered Agent
 Name: JAMES N. RUDOLPH
 Street Address (P.O. Box Number is Not Acceptable): 4776 NEW BROAD ST.
Suite 100
 City: Orlando FL Zip Code: 32814

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: J.N. Rudolph DATE: 1-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RUDOLPH, JAMES N | |
| STREET ADDRESS | 1836 WOODWARD STREET | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES N. RUDOLPH | |
| STREET ADDRESS | 4776 NEW BROAD STREET, SUITE 100 | |
| CITY-ST-ZIP | ORLANDO, FLORIDA 32814 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: J.N. Rudolph DATE: 1-22-04 DAYTIME PHONE #: 407-8964931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #