


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91234 041 \*\*\*150.00

<b>DOCUMENT # P01000118724</b> 1. Entity Name <b>NATHANIEL BURKE, ESQUIRE, P.A.</b>																											
Principal Place of Business <b>2305 SE MONTEREY RD</b> <b>STUART, FL 34996</b>		Mailing Address <b>2305 SE MONTEREY RD</b> <b>STUART, FL 34996</b>																									
2. Principal Place of Business <b>117 E. MARSH LUTHER KING JR BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.																									
City & State <b>Stuart, FL</b> Zip <b>34994-3043</b>		City & State <b>Same</b> Zip <b>Same</b>																									
4. FEI Number <b>65-1159087</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>BURKE, NATHANIEL PA</b> <b>2305 SE MONTEREY RD.</b> <b>STUART, FL 34996</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>117 E. MARSH LUTHER KING JR BLVD</b> City <b>Stuart, FL</b> Zip Code <b>34994-3043</b>																									
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>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURKE, NATHANIEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2305 SE MONTEREY RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34996</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	BURKE, NATHANIEL		STREET ADDRESS	2305 SE MONTEREY RD		CITY-ST-ZIP	STUART, FL 34996		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>117 E. MARSH LUTHER KING JR BLVD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	117 E. MARSH LUTHER KING JR BLVD	CITY-ST-ZIP					
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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.																											
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											
<small>Date</small>		<small>Daytime Phone #</small>																									