

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FS 182

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/5/03 91767 061 150.00



04062004 No Chg-P CR2E034 (10/03)

DOCUMENT # P01000119494
 1. Entity Name
 BEVERLY L. MCBRYDE, P.A.



Principal Place of Business
 487 OAK HAVEN DRIVE
 ALTAMONTE SPRINGS, FL 32701

Mailing Address
 487 OAK HAVEN DRIVE
 ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

4. FEI Number
 80-0031103

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HATCHER, STEPHEN B
 315 E ROBINSON ST, STE 600
 ORLANDO, FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCBRYDE, BEVERLY L
STREET ADDRESS	487 OAK HAVEN DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Beverly L. MCBryde PA* 4-29-04 407-925-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ps 2/8/2

April 29, 2004

TO WHOM IT MAY CONCERN:

FROM: Beverly L. McBryde, PA , FEI Number 80-0031103

This will verify upon our conversation, I would like the duplicate payment on my account applied to 2004 annual report/uniform business report.

As my record will show and we discussed: I went online last year and it showed I couldn't complete filing online, so I mailed my executed copy and check. The charge did go through on my master card and also my check was cashed.

Please call me with any questions. I will be in and out of town with my mother in the hospital, 407-925-2145.

Thank you.

Beverly L McBryde