
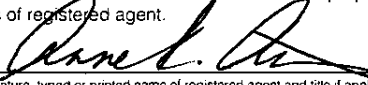
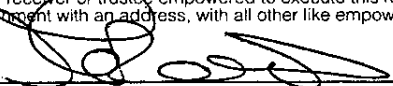


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90033 019 ***150.00

DOCUMENT # P02000002863					
1. Entity Name MARTIN ANDREW REED, P.A.					
Principal Place of Business 1411 SE 16TH TERR CAPE CORAL FL 33990			Mailing Address 5125 CASTELLO DR NAPLES FL 34103		
2. Principal Place of Business		3. Mailing Address C/O BY THE NUMBERS, INC.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3636 EL SEGUNDO CT.			
City & State		City & State NAPLES, FL		4. FEI Number 02-0533535	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34109		34109		MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent ATON, ANNE K % MILLER & ASSOC. INC. 5125 CASTELLO DR NAPLES FL 34103			7. Name and Address of New Registered Agent Name: ANNE K. ATON Street Address (P.O. Box Number is Not Acceptable): C/O BY THE NUMBERS, INC. 3636 EL SEGUNDO CT. City: NAPLES FL Zip Code: 34109		
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:  ANNE K. ATON, BOOKKEEPER DATE: 2-10-04 <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 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REED, MARTIN A 1411 SE 16TH TERR CAPE CORAL FL 33990		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REED, MARY E 1411 SE 16TH TERR CAPE CORAL FL 33990		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  MARTIN REED, PRES DATE: 2-10-04 DAYTIME PHONE: 939-850-6713 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					