


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90716 018 ***150.00

DOCUMENT # P02000005818

1. Entity Name
 THOMAS P. O'FLANAGAN, P.A.



Principal Place of Business
 829 TANBARK DR #202
 NAPLES, FL 34108

Mailing Address
 829 TANBARK DR #202
 NAPLES, FL 34108



2. Principal Place of Business
 6573 MARISSA LOOP
 Suite, Apt. #, etc.
 No. 304

3. Mailing Address
 6573 MARISSA LOOP
 Suite, Apt. #, etc.
 No. 304

04232004 Chg-P CR2E034 (10/03)

City & State
 Naples, FL

City & State
 Naples, FL

4. FEI Number
 02-0538618

Applied For
 Not Applicable

Zip
 34108

Country

Zip
 34108

Country

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

6. Name and Address of Current Registered Agent
 O'FLANAGAN, THOMAS P
 829 TANBARK DR #202
 NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 6573 MARISSA LOOP, No. 304

City
 Naples

State
 FL

Zip Code
 34108

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) DATE _____

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	<input type="checkbox"/> Delete
NAME O'FLANAGAN, THOMAS P	
STREET ADDRESS 829 TANBARK DR #202	
CITY-ST-ZIP NAPLES, FL 34108	
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 D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6573 MARISSA LOOP, No. 304	
CITY-ST-ZIP Naples, FL 34108	
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: Thomas P. O'Flanagan Date: 4/28/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR