


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90082 049 \*\*\*150.00

<b>DOCUMENT # P02000013067</b>	
<b>1. Entity Name</b> ROBERT EDWARD FENSTER, P.A.	

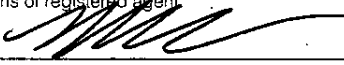
<b>Principal Place of Business</b> 2909 WEST STATE ROAD 434, SUITE 121/1 LONGWOOD FL 32779	<b>Mailing Address</b> 2909 WEST STATE ROAD 434, SUITE 121/1 LONGWOOD FL 32779
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<b>2. Principal Place of Business</b> 2425 Lee Road	<b>3. Mailing Address</b> 2425 Lee Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Winter Park, FL	<b>City &amp; State</b> Winter Park, FL
<b>Zip</b> 32789	<b>Zip</b> 32789
<b>Country</b> ORANGE	<b>Country</b> ORANGE


	
MOORE	CR2E034 (11/03)
<b>4. FEI Number</b> 43-1949861	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> FENSTER, ROBERT E 2909 WEST STATE ROAD 434, SUITE 121/131 LONGWOOD FL 32779	<b>7. Name and Address of New Registered Agent</b> Name: Fenster, Robert E. Street Address (P.O. Box Number is Not Acceptable) 2425 Lee Road City: Winter Park FL Zip Code: 32789
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<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.</b>	
SIGNATURE 	DATE 2-17-04
<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> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FENSTER, ROBERT E 2909 WEST STATE ROAD 434, SUITE 121/131 LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Fenster, Robert E. 2425 Lee Rd Winter Park, FL 32789 <input checked="" 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
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
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

<b>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:  Robert E Fenster, President	DATE: 2-17-04 (417) 865-5705
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	