

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90011 004 ***150.00

DOCUMENT # P02000015910					
1. Entity Name JACQUELINE A. STRATEGOS P.A.					
Principal Place of Business 649 W ELKCAM CIRCLE MARCO ISLAND, FL 34145			Mailing Address 649 W ELKCAM CIRCLE MARCO ISLAND, FL 34145		
2. Principal Place of Business 269 Vintage Bay Drive Suite, Apt. #, etc. #C-28 City & State MARCO ISLAND FL Zip 34145		3. Mailing Address 269 Vintage Bay Drive Suite, Apt. #, etc. C-28 City & State MARCO ISLAND FL Zip 34145			
4. FEI Number 01-0598098				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STRATEGOS, JACQUELINE A 649 W. ELKCAM CIRCLE MARCO ISLAND, FL 34145	
7. Name and Address of New Registered Agent Name <u>Strategos, Jacqueline A</u> Street Address (P.O. Box Number is Not Acceptable) <u>269 Vintage Bay Drive</u> Suite, Apt. #, etc. <u>#C-28</u> City <u>MARCO ISLAND</u> <u>FL</u> Zip Code <u>34145</u>				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 re-registering.)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATEGOS, JACQUELINE A 649 W ELKCAM CIRCLE MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATEGOS, JACQUELINE A 269 VINTAGE Bay Drive, #C-28 MARCO ISLAND FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATEGOS, JACQUELINE A 269 VINTAGE Bay Drive, #C-28 MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATEGOS, JACQUELINE A 269 VINTAGE Bay Drive, #C-28 MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATEGOS, JACQUELINE A 269 VINTAGE Bay Drive, #C-28 MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATEGOS, JACQUELINE A 269 VINTAGE Bay Drive, #C-28 MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATEGOS, JACQUELINE A 269 VINTAGE Bay Drive, #C-28 MARCO ISLAND FL 34145	<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: <u>Jacqueline A. Strategos, Director</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7/14/04</u> Daytime Phone # <u>239-642-7873</u>	

J4003437