


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90038 022 \*\*\*150.00

<b>DOCUMENT # P02000022477</b> 1. Entity Name <b>LAW OFFICES OF CASSANDRA GORTON, P.A.</b>			
Principal Place of Business <b>2441 BAY ST SARASOTA FL 34237</b>		Mailing Address <b>P.O. BOX 2717 SARASOTA FL 34230</b>	
2. Principal Place of Business <b>2441 Bay St</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 2717</b> Suite, Apt. #, etc.	
City & State <b>SRO FLA</b>		City & State <b>SRO FLA</b>	
Zip <b>34237</b>		Zip <b>34230</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>47-0896053</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>PLUM, LAURA A CPA 1800 2ND STREET-SUITE 745 SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>C. Gorton</i></u> DATE <u>3/15/04</u> <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> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GORTON, CASSANDRA 2441 BAY ST SARASOTA FL 34237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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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><i>C. Gorton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/15/04</u> Daytime Phone # <u>941-953-2202</u>	

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MOORE CR2E034 (11/03)