## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 31, 2004 8:00 am Secretary of State **DOCUMENT # P02000023195** 1. Entity Name 03-31-2004 90028 015 \*\*\*150.00 JAMES D. WASHAM P.A. Principal Place of Business Mailing Address 10098 DUNKIRK RD. 10098 DUNKIRK RD. 94040100 SPRING HILL, FL 34608 SPRING HILL, FL 34608 2. Principal Place of Business 3. Mailing Address 4473 LAKE IN THE WOODS DR. 4473 LAKE IN THE WOODS DR. Suite, Apt. #, etc. Suite, Apt. #, etc. 03182004 CR2E034 (10/03) Chg-P City & State SPRING HILL, FL City & State 4. FEI Number Applied For SPRING HILL, FL 03-0393674 Not Applicable Zip 34607 Country Country \$8.75 Additional 5. Certificate of Status Desired 34607 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Washam, James D. WASHAM, JAMES D Street Address (P.O. Box Number is Not Acceptable) 4473 LAKE IN THE WOODS DRIVE 10098 DUNKIRK RD. SPRING HILL, FL 34608 SPRING HILL Zig 4607 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 x3-24-04 SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change **PVST** D/P/S/T ☐ Addition Delete TITI F TITLE WASHAM, JAMES D NAME NAME WASHAM, JAMES D. STREET ADDRESS 10098 DUNKIRK RD. STREET ADDRESS 4473 LAKE IN THE WOODS DRIVE CITY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP SPRING HILL, FL 34607 Delete TITLE ☐ Change ☐ Addition TITLE NAME WASHAM, JAMES D NAME 10098 DUNKIRK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP SPRING HILL, FL 34608 Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

a.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

FILED