

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90004 009 \*\*\*150.00

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01312004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000024465</b>	
1. Entity Name <b>SALLY K. BARBER, PA</b>	

Principal Place of Business <b>7245 SNOW DR ENGLEWOOD, FL 34224</b>	Mailing Address <b>7245 SNOW DR ENGLEWOOD, FL 34224</b>
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2. Principal Place of Business <b>7631 RATAN CIR</b> Suite, Apt. #, etc.	3. Mailing Address <b>7631 RATAN CIR</b> Suite, Apt. #, etc.
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City & State <b>PORT CHARLOTTE FL</b>	City & State <b>PORT CHARLOTTE FL</b>
Zip <b>33981</b>	Country <b>USA</b>
Zip <b>33981</b>	Country <b>USA</b>

4. FEI Number <b>03-0402069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BARBER, SALLY K 7245 SNOW DR ENGLEWOOD, FL 34224</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7631 RATAN CIR</b> City <b>PORT CHARLOTTE FL</b> Zip Code <b>33981</b>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing 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	<b>D BARBER, SALLY K 7245 SNOW DR ENGLEWOOD, FL 34224</b> <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	<b>7631 RATAN CIR PORT CHARLOTTE FL 33981</b> <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

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: Sally K. Barber PA 2-5-04 94 468-0624  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #