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

## **FILED** Feb 16, 2004 08:00 AM -**DOCUMENT # P02000034097** Secretary of State 1. Entity Name SHARON L. PRESTON-STEPHENS, P.A. Principal Place of Business Mailing Address PO BOX 567 PO BOX 567 MANGO, FL 33550-0567 MANGO, FL 33550-0567 02102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0577224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRESTON-STEPHENS, SHARON L DO NOT WRITE 6810 E MLK JR BLVD TAMPA, FL 33619 IN THIS SPACE 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. It am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PRESTON-STEPHENS, SHARON L NAME STREET ADDRESS 6810 E MLK JR BLVD U00000052166 CITY-ST-ZIP TAMPA, FL 33619 02/16/04-80081-014 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-SY-70P

12. I hereby certify that the information supplied with this filing does not quality 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.

TITLE NAME STREET ADDRESS