2004 FOR PROFIT CORPORATION

FILED Mar 01, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P02000034660 1. Entity Name JOHN R. DIXON, P.A. Principal Place of Business Mailing Address 3335 WEST BEARSS AVE. 3335 WEST BEARSS AVE. TAMPA, FL 33618 TAMPA, FL 33618 02272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0627079 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE LORENZEN, ELLEN H 3335 WEST BEARSS AVE. TAMPA, FL 33618 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 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 U00000071949 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ú3/01/04-80091-020 150.00 OFFICERS AND DIRECTORS 10. TITLE DIXON, JOHN R NAME STREET ADDRESS 3335 WEST BEARSS AVE. CITY-ST-ZIP **TAMPA, FL 33618** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: