


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90006 045 \*\*\*150.00


DOCUMENT # P02000035410  
 1. Entity Name  
 JEFFREY A. FLASCHEN, P.A.



Principal Place of Business Mailing Address  
 5336 SWAYING OAKS CT 5336 SWAYING OAKS CT  
 JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258

2. Principal Place of Business 3. Mailing Address  
 117 RIVER MARSH DR. 117 RIVER MARSH DR.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

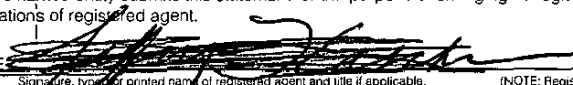

City & State City & State  
 PONTE VEDRA BCH, FL PONTE VEDRA BCH, FL  
 Zip Country Zip Country  
 32082 USA 32082 USA



01092004 Chg-P CR2E034 (10/03)  
 4. FEI Number Applied For  
 75-3043351 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

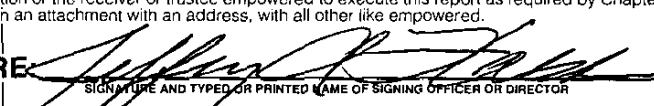
6. Name and Address of Current Registered Agent  
 FLASCHEN, JEFFREY A  
 5336 SWAYING OAKS CT  
 JACKSONVILLE, FL 32258

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 117 RIVER MARSH DR.  
 City State Zip Code  
 PONTE VEDRA BCH FL 32082

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 

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD FLASCHEN, JEFFREY A 5336 SWAYING OAKS CT JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD FLASCHEN, JEFFREY A 117 RIVER MARSH DR. PONTE VEDRA BCH, FL 32082 <input checked="" 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  DATE JEFFREY A. FLASCHEN (904) 509-2584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #