


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90005 013 ***150.00


DOCUMENT # P02000036809	
1. Entity Name DREW HERSHEY, P.A.	

Principal Place of Business 1634 SW 4TH AVE 1 FORT LAUDERDALE, FL 33315	Mailing Address P O BOX 4218 FORT LAUDERDALE, FL 33338
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2. Principal Place of Business 945 E Las Olas Blvd	3. Mailing Address PO Box 4218
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Lauderdale FL	City & State Fort Lauderdale, FL
Zip 33301	Country USA
Zip 33338	Country USA

14023013

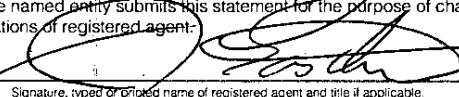


05032004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0585846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRANTALIS, DEAN J ESQ. 2255 WILTON DRIVE WILTON MANORS, FL 33305	
7. Name and Address of New Registered Agent Name Eastham, John K., Jr. Esquire Street Address (P.O. Box Number is Not Acceptable) 138 West Palmetto Park Road City Boca Raton FL Zip Code 33432	

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.

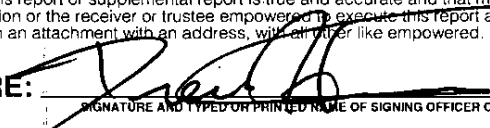
SIGNATURE  DATE **5/28/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HERSHEY, DREW P.O. BOX 4218 FORT LAUDERDALE, FL 33338 <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
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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:  DATE **May 3, 2004** DAYTIME PHONE **954-522-8911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR