


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000036821 1. Entity Name DAVID W. STEEN, P.A.	
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Principal Place of Business 602 SOUTH BOULEVARD TAMPA, FL 33606	Mailing Address 602 SOUTH BOULEVARD TAMPA, FL 33606
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06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3630795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEEN, DAVID W  
602 SOUTH BOULEVARD  
TAMPA, FL 33606

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

U00000163058  
07/02/04-80002-017 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEN, DAVID W 602 SOUTH BOULEVARD TAMPA, FL 33606
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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: David W. Steen David W. Steen, Pres. 06/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #