

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 22, 2004 08:00 AM

Secretary of State

DOCUMENT # P02000040817

1. Entity Name

GEOFFREY P. MOLLARD, PA



Principal Place of Business

**3000 66TH STREET N
ST. PETERSBURG, FL 33710**

Mailing Address

**8069 28TH AVENUE N
ST. PETERSBURG, FL 33710**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-3043906

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOLLARD, GEOFFREY P
8069 28TH AVENUE N
ST. PETERSBURG, FL 33710**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

MOLLARD, GEOFFREY P MR.

STREET ADDRESS

8069 28TH AVENUE N

CITY- ST- ZIP

ST. PETERSBURG, FL 33710

TITLE

VP

NAME

MOLLARD, MICHELE L MRS.

STREET ADDRESS

8069 28TH AVENUE N

CITY- ST- ZIP

ST. PETERSBURG, FL 33710

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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01/22/04-80020-007 158.75**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

Date

727-384-3434

Daytime Phone #