

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052061

FILED  
Feb 26, 2004  
Secretary of State

**Entity Name:** LAW OFFICES OF LANNY M. RAUER & ASSOCIATES, P.A.

**Current Principal Place of Business:**

501 CENTRE ST STE 101  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 473  
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

**FEI Number:** 90-0031837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAUER, LANNY M ESQ  
501 CENTRE ST STE 101  
FERNANDINA BEACH, FL 32034

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RAUER, LANNY M ESQ  
Address: 501 CENTRE ST STE 101  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: RAUER, LANNY M ESQ  
Address: 501 CENTRE ST STE 101  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANNY M. RAUER

DP

02/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date