


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90280 029 ***150.00

DOCUMENT # P02000057893	
1. Entity Name ELDRIDGE LAW OFFICE, P.A.	

Principal Place of Business 575 SECOND AVENUE SOUTH SUITE 200 ST. PETERSBURG, FL 33701	Mailing Address 575 SECOND AVENUE SOUTH SUITE 200 ST. PETERSBURG, FL 33701
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02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0717456	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

CERMINARO ELDRIDGE, DEBORAH
575 SECOND AVENUE SOUTH
SUITE 202
ST. PETERSBURG, FL 33701

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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 Deborah C. Eldridge Deborah Cerminaro Eldridge 4/13/04
Signature, typed or printed name of registered agent and true 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CERMINARO ELDRIDGE, DEBORAH 575 SECOND AVENUE SOUTH, SUITE 202 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Resident Secretary Eldridge, Deborah Cerminaro 954 First Ave. N. St. Petersburg, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Deborah C. Eldridge Deborah C Eldridge 4/13/04 (727) 821-4534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #