

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90213 035 ***150.00

DOCUMENT # P02000065436	
1. Entity Name 1 FIRM, INC.	

Principal Place of Business 2067 1ST AVENUE NORTH ST. PETERSBURG, FL 33713	Mailing Address 2067 1ST AVENUE NORTH ST. PETERSBURG, FL 33713
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94073616



2. Principal Place of Business 3110 1ST AVENUE N. STE 2H ST. PETERSBURG, FL 33713	3. Mailing Address P.O. BOX 12167 ST. PETERSBURG, FL 33713
4. FEI Number 59-3662858	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

04282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent THOMAS & CARR, LLC 2202 N. WESTSHORE BLVD SUITE 200 TAMPA, FL 33607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONALDSON, RON E 2067 1ST AVENUE NORTH ST. PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONALDSON, RON E 3110 1ST AVENUE N. STE 2H ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONALDSON, RON L 2067 1ST AVENUE NORTH ST. PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONALDSON, RON L 3110 1ST AVENUE N. STE 2H ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, AVERY J 2067 1ST AVENUE NORTH ST. PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, AVERY J 3110 1ST AVENUE N. STE 2H ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **4-29-04 727-327-7719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR