2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P02000069918

Entity Name: DORIS SZCZEPKOWSKI, PA

Current Principal Place of Business:

946 N NORTHLAKE DRIVE
HOLLYWOOD, FL 33019

New Principal Place of Business:

2323 DEL PRADO BLVD
#7-215
CAPE CORAL, FL 33990

Current Mailing Address:

946 N NORTHLAKE DRIVE
HOLLYWOOD, FL 33019

New Mailing Address:

2323 DEL PRADO BLVD
#7-215
CAPE CORAL, FL 33990

FEI Number: 32-0019630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SZCZEPKOWSKI, DORIS Y
946 N NORTHLAKE DRIVE
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

SZCZEPKOWSKI, DORIS Y
2323 DEL PRADO BLVD
#7-215
CAPE CORAL, FL 33990 US

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: DORIS SZCZEPKOWSKI 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: SZCZEPKOWSKI, DORIS
Address: 946 N NORTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: SZCZEPKOWSKI, DORIS
Address: 2323 DEL PRADO BLVD #7-215
City-St-Zip: CAPE CORAL, FL 33990

Title: VP ( ) Change (X) Addition
Name: SZCZEPKOWSKI, BARBARA
Address: 2323 DEL PRADO BLVD #7-215
City-St-Zip: CAPE CORAL, FL 33990

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: DORIS SZCZEPKOWSKI P 04/29/2004
Electronic Signature of Signing Officer or Director Date