



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90047 007 ***150.00

DOCUMENT # P02000072755					
1. Entity Name JEANETTE B. REID, PH.D., P.A.					
Principal Place of Business 840 BEACH DRIVE NE ST. PETERSBURG, FL 33701			Mailing Address 840 BEACH DRIVE NE ST. PETERSBURG, FL 33701		
2. Principal Place of Business 2730 CENTRAL AVE Suite, Apt. #, etc.		3. Mailing Address 2730 CENTRAL AVE Suite, Apt. #, etc.			
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL		4. FEI Number 02-0631025	
Zip 33712		Country USA		Applied For Not Applicable	
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33712		Country USA		6. Name and Address of Current Registered Agent REID, JEANETTE B 3025 50TH ST. SO. GULFPORT, FL 33707	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, JEANETTE B 3025 50TH STREET SO. GULFPORT, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Jeannette B Reid Phd.</i> JEANETTE B. REID PH.D.			Date: <i>2-6-04</i> Daytime Phone #: <i>727-327-3767</i>		