2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000073321

1. Entity Name
ROXANNE JANE KRAUSS, P.A.

Principal Place of Business	Mailing Address
2925 1ST ST NE ST PETERSBURG, FL 33704	2925 1ST ST NE ST PETERSBURG, FL 33704

DO NOT WRITE IN THIS SPACE

04082004   No Chg-P   CR2E034 (10/03)

4. FEI Number 05-0524601	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EPSTEIN, BARBARA A ESQ.
1482 MAHOGANY LN
PALM HARBOR, FL 34683

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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

Signature, typed or printed name of registered agent and title 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 ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRAUSS, ROXANNE
STREET ADDRESS	2925 1ST STREET NORTHEAST
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704

TITLE	
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04/12/04-80097-024   150.00

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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: _Roxanne Krauss_   _4/8/2004_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #