
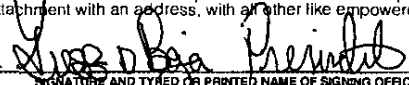


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90015 025 \*\*\*150.00

<b>DOCUMENT # P02000074358</b> 1. Entity Name <b>OUR PERSONAL TOUCH LAWCARE, INC.</b>																																																																																																																																																					
Principal Place of Business <b>8363 ELDRIDGE RD SPRING HILL, FL 34608</b>			Mailing Address <b>8363 ELDRIDGE RD SPRING HILL, FL 34608</b>																																																																																																																																																		
2. Principal Place of Business <b>4077 GULFVIEW DR.</b>		3. Mailing Address <b>4077 GULFVIEW DR.</b>																																																																																																																																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																																			
City & State <b>HERNANDO BEACH, FL</b>		City & State <b>HERNANDO BEACH, FL</b>		4. FEI Number <b>35-2173711</b>																																																																																																																																																	
Zip <b>34607</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																																																																																																																			
6. Name and Address of Current Registered Agent  <b>BAJA, GREGG D 8363 ELDRIDGE RD SPRING HILL, FL 34608</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4077 GULFVIEW DR</b>  City <b>HERNANDO BEACH</b> <b>FL</b> Zip Code <b>34607</b>																																																																																																																																																		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <b>PD</b>  <b>BAJA, GREGG D</b> </td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <b>P/V</b> </td> <td style="width: 10%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>8363 ELDRIDGE RD</b></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>4077 GULFVIEW DR.</b></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"><b>SPRING HILL, FL 34608</b></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"><b>HERNANDO BEACH, FL 34607</b></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><b>V</b></td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>BAJA, BETTY</b></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>8363 ELDRIDGE RD.</b></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"><b>SPRING HILL, FL 34608</b></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><b>S</b></td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>BOJA, JOHN D</b></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>5076 METMORE AVE.</b></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"><b>SPRING HILL, FL 34606o</b></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><b>T.</b></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><b>S/T</b></td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>BAJA, JEFFERY A</b></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>9290 ELDRIDGE RD.</b></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"><b>SPRING HILL, FL 34608</b></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	<b>PD</b> <b>BAJA, GREGG D</b>	<input type="checkbox"/> Delete	TITLE	<b>P/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>8363 ELDRIDGE RD</b>		STREET ADDRESS	<b>4077 GULFVIEW DR.</b>		CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP	<b>HERNANDO BEACH, FL 34607</b>		TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>BAJA, BETTY</b>		NAME			STREET ADDRESS	<b>8363 ELDRIDGE RD.</b>		STREET ADDRESS			CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP			TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>BOJA, JOHN D</b>		NAME			STREET ADDRESS	<b>5076 METMORE AVE.</b>		STREET ADDRESS			CITY-ST-ZIP	<b>SPRING HILL, FL 34606o</b>		CITY-ST-ZIP			TITLE	<b>T.</b>	<input type="checkbox"/> Delete	TITLE	<b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>BAJA, JEFFERY A</b>		NAME			STREET ADDRESS	<b>9290 ELDRIDGE RD.</b>		STREET ADDRESS			CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																		
TITLE	<b>PD</b> <b>BAJA, GREGG D</b>	<input type="checkbox"/> Delete	TITLE	<b>P/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
STREET ADDRESS	<b>8363 ELDRIDGE RD</b>		STREET ADDRESS	<b>4077 GULFVIEW DR.</b>																																																																																																																																																	
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP	<b>HERNANDO BEACH, FL 34607</b>																																																																																																																																																	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME	<b>BAJA, BETTY</b>		NAME																																																																																																																																																		
STREET ADDRESS	<b>8363 ELDRIDGE RD.</b>		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP																																																																																																																																																		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME	<b>BOJA, JOHN D</b>		NAME																																																																																																																																																		
STREET ADDRESS	<b>5076 METMORE AVE.</b>		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	<b>SPRING HILL, FL 34606o</b>		CITY-ST-ZIP																																																																																																																																																		
TITLE	<b>T.</b>	<input type="checkbox"/> Delete	TITLE	<b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME	<b>BAJA, JEFFERY A</b>		NAME																																																																																																																																																		
STREET ADDRESS	<b>9290 ELDRIDGE RD.</b>		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME			NAME																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME			NAME																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		
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 an other like empowered.																																																																																																																																																					
<b>SIGNATURE: x</b>  <b>x 4/6/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					