

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90100 020 \*\*\*150.00

<b>DOCUMENT # P02000081414</b> 1. Entity Name <b>AUDREY CARMONY P.A.</b>					
Principal Place of Business <b>628 WOODSHIRE LN #G12 NAPLES, FL 34105-7474</b>			Mailing Address <b>628 WOODSHIRE LN #G12 NAPLES, FL 34105-7474</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>55-0814737</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>N. REX ASHLEY CPA PA 1044 CASTELLO DR #108 NAPLES, FL 34105</b>				7. Name and Address of New Registered Agent  <b>ERROL L. CLARK III CPA, PA 5020 TAMiami TRAIL N STE 200 NAPLES, FL 34103</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: <u>ERROL L. CLARK III P.A.</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-19-04</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>CARMONY, AUDREY 628 WOODSHIRE LN #G12 NAPLES, FL 341057474</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Audrey Carmony P.A.</u>			Date: <u>4-19-04</u>		