2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P02000085521

Entity Name: FLORIDA PROFESSIONAL COMMMUNICATIONS, INC.

Current Principal Place of Business:

PO BOX 996
HIGHLAND CITY, FL 338469996

New Principal Place of Business:

Current Mailing Address:

PO BOX 996
HIGHLAND CITY, FL 338469996

New Mailing Address:

FEI Number: 45-0484032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROFT-MILLER, MELISSA
3758 PAULA CT
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

MILLER, JAMES R
3758 PAULA CT
LAKELAND, FL 33813 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: JAMES R. MILLER 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CROFT-MILLER, MELISSA
Address: 3758 PAULA CT
City-St-Zip: LAKELAND, FL 33813

Title: DVS ( ) Delete
Name: MILLER, JAMES R
Address: 3758 PAULA CT
City-St-Zip: LAKELAND, FL 33813

Title: DVT ( ) Delete
Name: CROFT, GLENN N JR.
Address: 3521 JACQUE LEE LN
City-St-Zip: LAKELAND, FL 33803

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLER, JAMES R
Address: 3758 PAULA CT
City-St-Zip: LAKELAND, FL 33813

Title: VP (X) Change ( ) Addition
Name: CROFT, GLENN N JR
Address: 3521 JACQUE LEE LN
City-St-Zip: LAKELAND, FL 33803

Title: S/T (X) Change ( ) Addition
Name: CROFT-MILLER, MELISSA M
Address: 3758 PAULA CT
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Change (X) Addition
Name: GORDON, WILLIAM A JR
Address: 1130 W LISA LN
City-St-Zip: BARTOW, FL 33830

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: JAMES R. MILLER DP 04/29/2004
Electronic Signature of Signing Officer or Director Date