[redacted]04 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/10/2004-90002-003-$550.00-$550.00

FILED
04 OCT -7 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E034 (4/04)

DOCUMENT # P02000099550

1. Entity Name

JACK BREIDEN, P.A.

Principal Place of Business	Mailing Address
171 COMMERCIAL BLVD., SUITE 25 NAPLES FL 34104	171 COMMERCIAL BLVD., SUITE 25 NAPLES FL 34104

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2762351 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREIDEN, K. JACK 171 COMMERCIAL BLVD., SUITE 25 NAPLES FL 34104	Name BREIDEN, K. JACK Street Address (P.O. Box Number is Not Acceptable) 222 INDUSTRIAL BLVD., SUITE 153 City NAPLES FL Zip Code 34104

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 $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSVT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BREIDEN, K. JACK		NAME		
STREET ADDRESS	171 COMMERCIAL BLVD., SUITE 25		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BREIDEN, K. JACK		NAME		
STREET ADDRESS	171 COMMERCIAL BLVD., SUITE 25		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 all other like empowered.

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