2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100323

Entity Name: LARISSA BEASLEY, P.A.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2250 CLASSIC CT 475 MONTGOMERY PL

LONGWOOD, FL 32779 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

118 WEST ORANGE STREET 475 MONTGOMERY PL

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

FEI Number: 52-2376909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEASLEY, LARISSA

KELLEY GOLDBERG LEACH & COHN PL
2250 CLASSIC CT

475 MONTGOMERY PL

LONGWOOD, FL 32779 US ALTAMONTE SPRINGS, FL 32714 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: RUSSELL GOLDBEG 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

Name:BEASLEY, LARISSAName:BEASLEY, LARISSAAddress:2250 CLASSIC CTAddress:475 MONTGOMERY PL

City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: LARISSA BEASLEY PSTD 04/30/2004