


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90051 002 ***150.00

DOCUMENT # P02000100665 1. Entity Name JANETTE M. MCCURLEY, P.A.			
Principal Place of Business 4650 CAPRI CIR. S., SUITE 207 SAINT PETERSBURG, FL 33706		Mailing Address 4650 CAPRI CIR. S., SUITE 207 SAINT PETERSBURG, FL 33706	
2. Principal Place of Business 11650 Capri Cir. S. Suite, Apt. #, etc. 207		3. Mailing Address 11650 Capri Cir. S. Suite, Apt. #, etc. 207	
City & State Treasure Island, FL		City & State Treasure Island, FL	
Zip 33706		Zip 33706	
Country USA		Country USA	
4. FEI Number 03-0481592		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCURLEY, JANETTE ESQ. 11630 CARPI CIR. S., 207 TREASURE ISLAND, FL 33706		7. Name and Address of New Registered Agent Name Janette McMurley Street Address (P.O. Box Number is Not Acceptable) 11650 Capri Circle S., # 207 City Treasure Island FL Zip Code 33706	
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 Janette M. McMurley Janette M. McMurley 1-6-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP McMurley <input type="checkbox"/> Delete NAME MCCURLEY, JANETTE STREET ADDRESS 11650 CAPRI CIR. S, 207 CITY-ST-ZIP TREASURE ISLAND, FL 33706	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: Janette M. McMurley Janette M. McMurley 1-6-04 727-403-0018 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>			

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