

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90009 046 ***150.00

DOCUMENT # P02000105876					
1. Entity Name LYNN N. VITEL, P.A.					
Principal Place of Business 252 CRANES LAKE DRIVE PONTE VEDRA BEACH, FL 32082			Mailing Address 252 CRANES LAKE DRIVE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03042003 Chg-P CR2E034 (10/03)	
4. FEI Number 22-3875854				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			7. Name and Address of New Registered Agent		
VITEL, LYNN N 3615 SANCTUARY WAY SOUTH JACKSONVILLE BEACH, FL 32250			Name VITEL, LYNN N		
			Street Address (P.O. Box Number is Not Acceptable)		
			252 Cranes Lake Drive		
			City Ponte Vedra Beach		FL
			Zip Code 32082		
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:			DATE: 5/12/04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME VITEL, LYNN N		TITLE P/D/S/T	NAME VITEL, LYNN N.	
STREET ADDRESS 3615 SANCTUARY WAY SOUTH	CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250		STREET ADDRESS 252 Cranes Lake Drive	CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE STD	NAME VITEL, LEONARD A		TITLE 	NAME 	
STREET ADDRESS 3615 SANCTUARY WAY SOUTH	CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE D	NAME VITEL, LESLEY K.	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 252 Cranes Lake Drive	CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE 	NAME 		TITLE D	NAME POOLE, LIBBI D.	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 252 Cranes Lake Drive	CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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:			DATE: 5/12/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		