


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90059 033 ***150.00

DOCUMENT # P02000134669	
1. Entity Name BRENDA ARLENE BLEVINS, P.A.	

Principal Place of Business 646 ROSEGATE LN ORLANDO, FL 32811	Mailing Address 646 ROSEGATE LN ORLANDO, FL 32811
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24021374



2. Principal Place of Business	3. Mailing Address 717 East Oak Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State	City & State Kissimmee, FL	4. FEI Number 41-2072910	Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country 34744 US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWART, HARRY J CPA 717 E OAK ST KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEVINS, BRENDA A 646 ROSEGATE LN ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Brenda Arlene Blevins, P.A. President Date: 3-12-04 207 299 0814 Daytime Phone #