


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90413 029 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|--|---|
| DOCUMENT # P03000000098 |  |
| 1. Entity Name LORRI MARSHALL PA | |

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|---|---|
| Principal Place of Business 11625 DAUPHIN AVE N LARGO, FL 33778 | Mailing Address 11625 DAUPHIN AVE N LARGO, FL 33778 |
|---|---|

94080108



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

04292004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 43-1789207 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent MARSHALL, LORRI 11625 DAUPHIN AVE N LARGO, FL 33778 | 7. Name and Address of New Registered Agent |
| Name | Name |
| Street Address (P.O. Box Number is Not Acceptable) | Street Address (P.O. Box Number is Not Acceptable) |
| City | City |
| | FL Zip Code |

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 filing online) 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 |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD MARSHALL, LORRI 11625 DAUPHIN AVE N LARGO, FL 33778 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input 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)(b), 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: * *Lorri Marshall, PA* **4/29/04** **727-319-4025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Contact Number