

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90413 023 ***150.00

DOCUMENT # P03000004206					
1. Entity Name VINCE SQUIRES P.A.					
Principal Place of Business 677 N. WASHINGTON BLVD. SARASOTA, FL 34236			Mailing Address 1857 JASMINE DRIVE SARASOTA, FL 34239 4604 COUNTRY MANOR DR SARASOTA FL 34233		
2. Principal Place of Business 677 N. WASHINGTON BLVD		3. Mailing Address 4604 COUNTRY MANOR DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA		City & State SARASOTA		4. FEI Number 27 0043519	
Zip FL 34236		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: WESTLAND CONSULTING Street Address (P.O. Box Number is Not Acceptable): 1219 EAST AVE SOUTH, SUITE 104 City: SARASOTA FL Zip Code: 34239		
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: <u>Robert Danner</u> ROBERT DANNER Treasurer 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		
PSTD SQUIRES, VINCENT 677 N. WASHINGTON BLVD. 4604 COUNTRY MANOR DR SARASOTA, FL 34236 SARASOTA FL 34233					
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: <u>V. Squires</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/27/04 941 650 1007 <small>Date Daytime Phone #</small>		