


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90304 017 ***150.00

DOCUMENT # P03000007492	
1. Entity Name FRESH START LAW FIRM, INC.	

Principal Place of Business 620 E. TWIGGS SUITE 205 TAMPA, FL 33605	Mailing Address 620 E. TWIGGS SUITE 205 TAMPA, FL 33605
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94043433

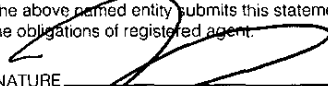
2. Principal Place of Business 620 E TWIGGS ST (SAME)	3. Mailing Address 620 E TWIGGS ST (SAME)
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. SUITE 205
City & State TAMPA, FLORIDA	City & State TAMPA FLA
Zip 33605	Country USA



04022004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0763591		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired 75		Additional Fee Required <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent SUMPTER, MIRIAM L 620 E. TWIGGS SUITE 205 TAMPA, FL 33605			
7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 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  **PRESIDENT** **04-1-04**
Signature, typed or printed name of registered agent and title if applicable. (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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)(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:  **4-1-04 (813) 387-7724**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #