
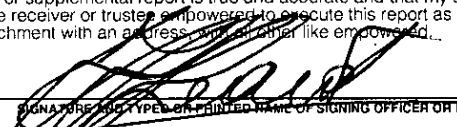


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90014 018 \*\*\*150.00

<b>DOCUMENT # P03000032465</b>			
1. Entity Name <b>JULES A. THEARD PA</b>			
Principal Place of Business <b>1500 UNIVERSITY DRIVE SUITE 117 CORAL SPRINGS, FL 33071</b>		Mailing Address <b>1500 UNIVERSITY DRIVE SUITE 117 CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business <b>7687 Via Grande</b>		3. Mailing Address <b>P.O. Box 7101</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Boynton Beach FL</b>		City & State <b>Delray Beach FL</b>	
Zip <b>33437</b>	Country <b>Palm Beach</b>	Zip <b>33482</b>	Country <b>Palm Beach</b>
6. Name and Address of Current Registered Agent <b>THEARD, JULES 1500 UNIVERSITY DRIVE SUITE 117 CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>Theard, Jules</b> Street Address (P.O. Box Number is Not Acceptable) <b>7687 Via Grande</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33437</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 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
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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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
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, which other like empowered.			
SIGNATURE: 		Date <b>7-21-04</b> Daytime Phone # <b>561-271-6688</b>	

*Attachment*



44050108

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 13, 2004

JULES A. THEARD PA  
P.O. BOX 7101  
DELRAY BEACH, FL 33482

SUBJECT: JULES A. THEARD PA  
Ref. Number: P03000032465

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 204A00044609