

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055029

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: 5522 WEST LAUREL STREET, INC.

## Current Principal Place of Business:

5135 WEST CYPRESS ST  
SUITE 101A  
TAMPA, FL 33607

## New Principal Place of Business:

## Current Mailing Address:

5135 WEST CYPRESS ST  
SUITE 101A  
TAMPA, FL 33607

## New Mailing Address:

FEI Number: 55-7061898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AARONS, LAWRENCE S  
15302 MONTREAT WAY  
TAMPA, FL 33625 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MEHLMAN, CAROLE  
Address: 5135 W. CYPRESS ST SUITE 101A  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: AARONS, LAWRENCE S  
Address: 5135 W. CYPRESS ST  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: AARONS, LAWRENCE S  
Address: 5135 W. CYPRESS ST SUITE 101A  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE AARONS

D

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date