

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90450 018 ***150.00

DOCUMENT # P03000056548 1. Entity Name A LAW OFFICE OF SAMUEL R. MALLARD, P.A.					
Principal Place of Business 5118 N. 56TH STREET STE. 103 TAMPA, FL 33610			Mailing Address 5118 N. 56TH STREET STE. 103 TAMPA, FL 33610		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03222004 Chg-P CR2E034 (10/03)	
4. FBI Number 59-3648437				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVENUE TAMPA, FL 33618				7. Name and Address of New Registered Agent Name 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: <u>Walter Sanders</u> <u>Walter Sanders</u> 04/05/04 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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-ST-ZIP	D MALLARD, SAMUEL R 7818 CHAPERON COURT TAMPA, FL 33637 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Samuel R. Mallard</u> <u>S. R. Mall</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4-22-04</u> 813-622-8292 Daytime Phone #		

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