


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2004 8:00 am**  
**Secretary of State**

01-07-2004 90027 001 \*\*\*150.00

<b>DOCUMENT # P03000066974</b>					
<b>1. Entity Name</b> BRODY AND HAZEN, P.A.					
<b>Principal Place of Business</b> 1804 MICCOSUKEE COMMONS DRIVE #200 TALLAHASSEE, FL 32308 US			<b>Mailing Address</b> 1804 MICCOSUKEE COMMONS DRIVE #200 TALLAHASSEE, FL 32308 US		
<b>2. Principal Place of Business</b> N/A		<b>3. Mailing Address</b> P.O. Box 12999			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallahassee, FL		<b>4. FEI Number</b> 432019137	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 32317		Country Leon		01052004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  CLARK, MAX T 113 WEST FRANKLIN STREET QUNICY, FL 32351			<b>7. Name and Address of New Registered Agent</b> Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
<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.</b>  SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRODY, HARRY P 1804 MICCOSUKEE COMMONS DRIVE, #200 TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAZEN, JEFFREY M 1804 MICCOSUKEE COMMONS DRIVE, #200 TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Jeffrey M. Hazen</i> / Jeffrey M. Hazen			1/6/04 (850) 942-0005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		