

2004 FOR PROFIT CORPORATIC ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-12-2004 90022 023 ***158.75

DOCUMENT # P03000070517 1. Entity Name BO ALLEN, P.A.			
Principal Place of Business 126 NORTH LAKESIDE DRIVE LAKEWORTH, FL 33460		Mailing Address 126 NORTH LAKESIDE DRIVE LAKEWORTH, FL 33460	
2. Principal Place of Business 208 South LAKESIDE DR		3. Mailing Address 208 South LAKESIDE DR	
Suite, Apt. #, etc. #513		Suite, Apt. #, etc. #513	
City & State LAKE WORTH FL		City & State LAKE WORTH FL	
Zip 33460		Zip 33460	
Country USA		Country USA	
4. FEI Number 61-1452767		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, BO 126 NORTH LAKESIDE DRIVE LAKEWORTH, FL 33460		7. Name and Address of New Registered Agent Name BO ALLEN Street Address (P.O. Box Number is Not Acceptable) 208 South LAKESIDE DR. #513 City LAKE WORTH FL Zip Code 33460	
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>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 PRESIDENT BO ALLEN 208 S. LAKESIDE DR. LAKE WORTH FL 33460	<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, with all other like empowered.			
SIGNATURE: BO ALLEN		Date 7/6/04 561-329-9997	

Attachment
66480397

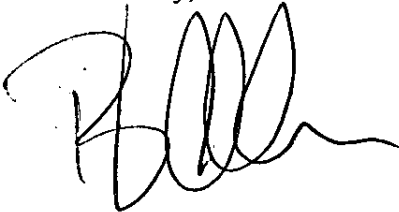
July 20, 2004

Reference Number: P03000070517

To whom it may concern,

The enclosed annual report was returned to me with the attached letter from your office. I called and spoke with a very helpful person who informed me that I needed to add my title and information in section 10 and fill in my name in section 7. I have made those changes in blue ink and am respectfully resubmitting my 2004 annual report, hopefully to meet your approval.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bo Allen', with a stylized, flowing script.

Bo Allen

Bo Allen, P. A.

208 South Lakeside Drive #513

Lake Worth, FL 33460

(561) 329-9997