2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072308

FILED Apr 22, 2004 Secretary of State

Entity Nar	me: MICHA	AEL J. POFF, LCSW, I	PA					
Current Principal Place of Business:				New Principal Place of Business:				
1325 W. F TAMPA, F	LETCHER / L 33618	AVE.						
Current Mailing Address:				New Mailing Address:				
1325 W. F TAMPA, FI	LETCHER / L 33618	AVE.						
FEI Number:	: 90-0098605	FEI Number Applie	d For () FEI Nu	ımber Not Appl	licable()	Certificate of S	Status Desired ()	
Name and	l Address o	of Current Registered	l Agent:	Name and	Address of	New Register	ed Agent:	
941 FOUR	ATE CREA ^T TH STREE ACH, FL 33		C.		CHAEL J PRE T FLETCHEI L 33612 U			
The above in the State	named ent e of Florida.	ity submits this statem	ent for the purpose	of changing i	ts registered	office or registe	ered agent, or both,	
SIGNATURE: MICHAEL POFF					04/22/2004			
	Elect	tronic Signature of Reg	gistered Agent			Date		
Election Car	mpaign Finan	cing Trust Fund Contribu	ition ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D POFF, MICI 1325 W. FL TAMPA, FL	ETCHER AVE.		Title: Name: Address: City-St-Zip:	(() Change () Ado	dition	
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	OFF (POFF, MICHA 1325 W. FLE TAMPA, FL 3	TCHER AVE.	dition	
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	PRES (POFF, MICHA 1325 W. FLE TAMPA, FL 3	TCHER AVE.	dition	
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	SEC (POFF, MICHA 1325 W. FLE TAMPA, FL 3	TCHER AVE	dition	

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: MICHAEL J. POFF DIR 04/22/2004