

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073224

FILED
Apr 24, 2004
Secretary of State

Entity Name: PHOENIX LAW PARTNERS, PA

Current Principal Place of Business:

12697 NEW BRITTANY BLVD
FT MYERS, FL 33907

New Principal Place of Business:

12697 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907

Current Mailing Address:

PO BOX 07335
FT MEYERS, FL 33919

New Mailing Address:

PO BOX 07335
FORT MYERS, FL 339190335

FEI Number: 20-0068191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHOENIX, CHARLES PT ESQ
5700 GRILLET PL
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

PHOENIX, CHARLES PT ESQ
12697 NEW BRITTANY BOULEVARD
FORT MYERS, FL 339190335

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

04/24/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Change (X) Addition
Name: PHOENIX, CHARLES P ESQ
Address: 12697 NEW BRITTANY BOULEVARD
City-St-Zip: FORT MYERS, FL 339190335

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: CHARLES PT PHOENIX

Electronic Signature of Signing Officer or Director

P

04/24/2004

Date