


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90024 020 ***150.00

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1. Entity Name
 ROSS EARLE & BONAN, P.A.



Principal Place of Business
 759 S. FEDERAL HIGHWAY, #212
 STUART, FL 34994

Mailing Address
 P.O. BOX 2401
 STUART, FL 34995



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

02032004 Chg-P CR2E034 (10/03)

4. FEI Number
 11-3696350

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COEL, MARK A ESQ
 621 NW 53RD ST, STE 420
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
 Name
 Elizabeth P. Bonan
 Street Address (P.O. Box Number is Not Acceptable)
 759 S. Federal Hwy, #212
 City
 Stuart FL Zip Code
 34994

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 *Elizabeth P. Bonan* Elizabeth P. Bonan February 5, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Delete David B. Earle 759 S. Federal Hwy, #212 Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director <input type="checkbox"/> Delete Elizabeth P. Bonan 759 S. Federal Hwy, #212 Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/Director <input type="checkbox"/> Delete Deborah L. Ross 759 S. Federal Hwy, #212 Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Elizabeth P. Bonan* ELIZABETH P. BONAN 2/05/04 772-287-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #