

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90262 008 ***150.00

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|---|--|--|---|
| DOCUMENT # P03000077505 1. Entity Name KELLY FAYE WORTHLEY, P.A. | |  | |
| Principal Place of Business 300 2ND STREET NORTH SUITE 7 JACKSONVILLE BEACH, FL 32250-6944 | | Mailing Address 300 2ND STREET NORTH SUITE 7 JACKSONVILLE BEACH, FL 32250-6944 | |
| 2. Principal Place of Business 904 PONTE VEDRA BLVD Suite, Apt. #, etc. | | 3. Mailing Address 904 PONTE VEDRA BLVD Suite, Apt. #, etc. | |
| City & State PONTE VEDRA Bch, FL Zip 32082 | | City & State PONTE VEDRA Bch, FL Zip 32082 | |
| 4. FEI Number 45-0519197 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WORTHLEY, KELLY FAYE 904 PONTE VEDRA BEACH PONTE PEDRA BEACH, FL 32082 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WORTHLEY, KELLY FAYE 904 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 <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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| 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:  | | Date 4-12-04 | |