

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086151

FILED
Apr 09, 2004
Secretary of State

Entity Name: DIANE FOWLER, P.A.

Current Principal Place of Business:

P.O. BOX 291526
PORT ORANGE, FL 321291526

New Principal Place of Business:

P.O. BOX 291526
PORT ORANGE, FL 321291526 US

Current Mailing Address:

P.O. BOX 291526
PORT ORANGE, FL 321291526

New Mailing Address:

P.O. BOX 291526
PORT ORANGE, FL 321291526 US

FEI Number: 76-0719467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, DIANE
594 TOUCHSTONE CIRCLE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Change (X) Addition
Name: FOWLER, DIANE
Address: 594 TOUCHSTONE CIRCLE
City-St-Zip: PORT ORANGE, FL 321274808 US

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: DIANE FOWLER

CEO

04/09/2004

Electronic Signature of Signing Officer or Director

_____ Date