

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093770

Entity Name: BEN F. CLAWSON, P.A.

FILED
Jul 01, 2004
Secretary of State

Current Principal Place of Business:

4808 CADET CIRCLE
VIERA, FL 32955

New Principal Place of Business:

6050 HERON'S LANDING DRIVE
VIERA, FL 32955

Current Mailing Address:

4808 CADET CIRCLE
VIERA, FL 32955

New Mailing Address:

6050 HERON'S LANDING DRIVE
VIERA, FL 32955

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAWSON, BEN F
4808 CADET CIRCLE
VIERA, FL 32955

Name and Address of New Registered Agent:

CLAWSON, BEN F
6050 HERON'S LANDING DRIVE
VIERA, FL 32955

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:

07/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLAWSON, BEN F
Address: 4808 CADET CIRCLE
City-St-Zip: VIERA, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLAWSON, BEN F
Address: 6050 HERON'S LANDING DRIVE
City-St-Zip: VIERA, FL 32955

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: BEN F. CLAWSON

D

07/01/2004

Electronic Signature of Signing Officer or Director

Date