


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90121 039 ***558.75

DOCUMENT # P03000098570 1. Entity Name LAW OFFICES OF DAVID C. DALE, P.A.																																																			
Principal Place of Business 500 S FLORIDA AVE STE 600 LAKELAND, FL 33801		Mailing Address 500 S FLORIDA AVE STE 600 LAKELAND, FL 33801 4927 Southfork Drive Lakeland, FL 33813																																																	
2. Principal Place of Business <i>See above: 4927 Southfork Drive</i>		3. Mailing Address P.O. Box 6127 Lakeland 33807																																																	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A																																																	
City & State Lakeland, FL		City & State Lakeland, FL																																																	
Zip 33813		Zip 33807																																																	
Country Polk		Country Polk																																																	
4. FEI Number 59-3422782		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent DALE, DAVID C 500 S FLORIDA AVE STE 600 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name David C. Dale Street Address (P.O. Box Number is Not Acceptable) 4927 Southfork Drive City Lakeland FL Zip Code 33813																																																	
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 <u><i>David C. Dale</i></u> DATE 9-2-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> D DALE, DAVID C 500 S FLORIDA AVE STE 600 LAKELAND, FL 33801 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE, DAVID C 500 S FLORIDA AVE STE 600 LAKELAND, FL 33801	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> Dale, David C 4927 Southfork Drive Lakeland, Florida 33813 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dale, David C 4927 Southfork Drive Lakeland, Florida 33813	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE, DAVID C 500 S FLORIDA AVE STE 600 LAKELAND, FL 33801	<input type="checkbox"/> Delete																																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dale, David C 4927 Southfork Drive Lakeland, Florida 33813	<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: <u><i>David C. Dale</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 9-2-04 <small>Daytime Phone #</small>																																																	