

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90037 015 ***150.00

DOCUMENT # P03000102834			
1. Entity Name PATRICIA NOYES, CPA, PA			
Principal Place of Business PO BOX 10415 TAMPA, FL 33679		Mailing Address PO BOX 10415 TAMPA, FL 33679	
2. Principal Place of Business 5510 W. LaSalle St. Suite, Apt. #, etc. 211-B City & State Tampa FL Zip 33607 Country Hillsborough		3. Mailing Address 5510 W. LaSalle St. Suite, Apt. #, etc. 211-B City & State Tampa, FL Zip 33607 Country Hillsborough	
4. FEI Number 55-0846045		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 NOYES, PATRICIA M 4355 LAKE POINT DR. S. CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name Noyes, Patricia M Street Address (P.O. Box Number is Not Acceptable) 1313 Corner Oaks Dr. City Brandon FL Zip Code 33510	
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 _____ (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. <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 NOYES, PATRICIA M 4355 LAKE POINT DR. S. CLEARWATER, FL 33762	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1313 Corner Oaks Dr. Brandon, FL 33510
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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: Patricia M Noyes		2/21/04 813-289-0100	