


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90140 048 ***150.00

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| DOCUMENT # P03000111706 |  |
| 1. Entity Name SUZANNE E. STOKOE, P.A. | |

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| Principal Place of Business 3406 CRENSHAW LAKE RD LUTZ, FL 33543 | Mailing Address 3406 CRENSHAW LAKE RD LUTZ, FL 33543 |
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| 2. Principal Place of Business 104 2nd AVE NE | 3. Mailing Address P.O. Box 1269 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

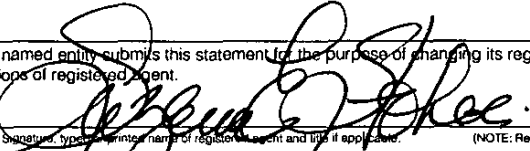
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|---------------------------------|---------------------------------|
| City & State Lutz, FL | City & State Lutz, FL |
| Zip 33549 | Zip 33548 |
| Country Hillsborough | Country Hillsborough |



04292005 Chg-P CR2E034 (10/03)

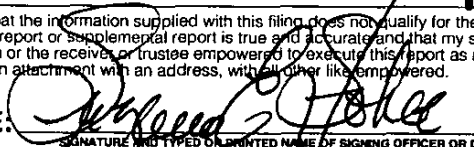
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| 4. FEI Number 34-2045547 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent STOKOE, SUZANNE E 3406 CRENSHAW LAKE RD LUTZ, FL 33543 | 7. Name and Address of New Registered Agent Name Suzanne E. STOKOE Street Address (P.O. Box Number is Not Acceptable) 104 2nd AVE NE City Lutz, FL Zip Code 33549 |
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| 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  | DATE 4-29-05 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STOKOE, SUZANNE E 3406 CRENSHAW LAKE RD LUTZ, FL 33543 <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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| 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 4-29-05 DAYTIME PHONE # 813-909-9886 |