2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 AUG 31 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14010881

DOCUMENT # P03000136721

1. Entity Name
JOSEPH F. CROKE, PA

Principal Place of Business	Mailing Address
9827 51ST AVE. N. ST. PETERSBURG, FL 33708	9827 51ST AVE. N. ST. PETERSBURG, FL 33708

2. Principal Place of Business	3. Mailing Address
449 Londrina Dr.	449 Londrina Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, Fl	City & State: Punta Gorda, Fl.
Zip: 33983 Country:	Zip: 33983 Country:

04/28/04 90232 020 $150.00
04202004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0464366 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CROKE, JOSEPH F 9827 51ST AVE. N. ST. PETERSBURG, FL 33708	Name Street Address (P.O. Box Number is Not Acceptable) 449 Londrina, Dr. City Punta Gorda FL Zip Code 33983

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CROKE, JOSEPH F	NAME	
STREET ADDRESS	9827 51ST AVE. N.	STREET ADDRESS	449 Londrina Dr.
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	CITY-ST-ZIP	St. Peterburg, Fl. 33983
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] JOSEPH F. CROKE 4-25-2004 727-319-4036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #