

2004 FOR PROFIT CORPORATION ANNUAL REPORT

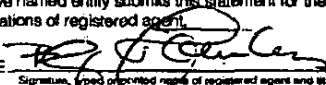
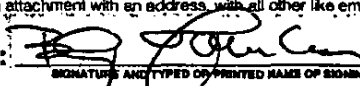
FILED
Aug 30, 2004 8:00 am
Secretary of State

08-18-2004 90008 021 ***158.75

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08112004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000157652					
1. Entity Name B-G HOLMBERG P.A.					
Principal Place of Business 5001 SAN JOSE ST TAMPA, FL 33629 US			Mailing Address 5001 SAN JOSE ST TAMPA, FL 33629 US		
2. Principal Place of Business 5001 SAN JOSE ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 56-2401292	
City & State TAMPA, FL		City & State		Applied For Not Applicable	
Zip 33629	Country USA	Zip	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMBERG, B-G 5001 SAN JOSE ST TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  8/11/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT B-G HOLMBERG 5001 SAN JOSE ST TAMPA, FL 33629 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JENNIFER C. HOLMBERG 5001 SAN JOSE ST TAMPA, FL 33629 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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)(f), 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:  B-G HOLMBERG		8/16/04		813-220-0643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	