


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P23099</b> 1. Entity Name L.P. SPECIALISTS, INC.	
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Principal Place of Business 1000 E. ROBINSON STREET ORLANDO, FL 32801 US	Mailing Address POST OFFICE BOX 1353 ORLANDO, FL 32802
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01292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3088216 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

COLVIN, R. GREGORY P.A.  
1000 E. ROBINSON STREET  
ORLANDO, FL 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when testating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLVIN, R. GREGORY 1000 E. ROBINSON STREET ORLANDO, FL 32801
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05/10/04-80023-022 150.00

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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 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: 

5-4-04