


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000011763</b>	
<b>1. Entity Name</b> ANDERSON & ORCUTT, P.A.	

<b>Principal Place of Business</b> 401 E JACKSON ST STE 2700 TAMPA, FL 33602	<b>Mailing Address</b> 401 E JACKSON ST STE 2700 TAMPA, FL 33602
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3154534	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  ANDERSON, STEVEN A. 401 E. JACKSON STREET STE 2700 TAMPA, FL 33602	<b>DO NOT WRITE IN THIS SPACE</b>
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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** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ANDERSON, STEVEN A 401 E JACKSON ST, STE 2700 TAMPA, FL 33602
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> DANAHER, THOMAS W 401 E JACKSON ST, STE 2700 TAMPA, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> IHRIG W KENT 401 E JACKSON ST, STE 2700 TAMPA, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> ORCUTT GREGORY J 401 E JACKSON ST, STE 2700 TAMPA, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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:**

*Steve Anderson*  
Pres.

1-23-04 (813) 314-6701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #