2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P93000019932

Entity Name: CHARLOTTE M. HARVEY, SPEECH PATHOLOGIST, P.A.

Current Principal Place of Business:

114 W UNDERWOOD STREET
B
ORLANDO, FL 32806 US

New Principal Place of Business:

22 LAKE BEAUTY DRIVE
304
ORLANDO, FL 32806 US

Current Mailing Address:

POST OFFICE BOX 521358
LONGWOOD, FL 327521358 US

New Mailing Address:

FEI Number: 59-3184681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVEY, CHARLOTTE M
1200 SECOND PLACE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HARVEY, CHARLOTTE M
Address: 1200 SECOND PLACE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HARVEY, CHARLOTTE M PRES
Address: 1200 SECOND PLACE
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE M. HARVEY PRES 04/27/2004

Electronic Signature of Signing Officer or Director Date