## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P93000044534

1. Entity Name TIMOTHY B. PERENICH, P.A.

FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3204 ALTERNATE 19 PALM HARBOR, FL 34683

211

3204 ALTERNATE 19 PALM HARBOR, FL 34683

3 U\$



n	$\cap$	NOT	WRITE	IN	THIS	SDA	CE
L		1411	VVITILIT	114		- T- M	

 04292004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

727-787-7212

6. Name and Address of Current Registered Agent

PERENICH, TIMOTHY B 3204 ALTERNATE 19 PALM HARBOR, FL 34683

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and life if applicable. (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 Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000145102						
10.	OFFICERS AND DIREC	TORS		<del></del>	US/U3/04-80011-005 (St).	กก้					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PERENICH, TIMOTHY B 3204 ALTERNATE 19 PALM HARBOR, FL 34683	-			,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS 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 abstress, with all driver like empowered.											

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR