


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000046228

1. Entity Name
 HAROLD F. BERGSTEN, P.A.



Principal Place of Business
 14363 WING FOOT ROAD
 ORLANDO, FL 32826

Mailing Address
 14363 WING FOOT ROAD
 ORLANDO, FL 32826



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3190725

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BERGSTEN, HAROLD F
 14363 WING FOOT ROAD
 ORLANDO, FL 32826

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 HAROLD F. BERGSTEN [Signature] ~ 2-26-04

Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when changing DATE

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

UD00000072849
 03/02/04-80011-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGSTEN, HAROLD F 14363 WING FOOT ROAD ORLANDO, FL 32826
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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 HAROLD F. BERGSTEN [Signature] 2-26-04 (407) 281-6967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #