


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000002104
 1. Entity Name
 ALBERT J. GAMOT, JR., P.A.



| | |
|---|---|
| Principal Place of Business 315 FIFTH STREET WEST PALM BEACH, FL 33401 US | Mailing Address 315 FIFTH STREET WEST PALM BEACH, FL 33401 US |
|---|---|



02052004 No Chg-P CR2E034 (10/03)

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| | |
|---|--------------------------------|
| 4. FEI Number 65-0455723 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 GAMOT, ALBERT J JR
 315 FIFTH STREET
 WEST PALM BEACH, FL 33401

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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: *Albert J. Gamot Jr* ALBERT J. GAMOT, JR. 2/5/2004
Signature, typed or printed name of registered agent and title 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 Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS GAMOT, ALBERT J. J 315 FIFTH STREET WEST PALM BEACH, FL |
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 02/10/04-80005-006 150.00

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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)(f), 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: *Albert J. Gamot Jr* ALBERT J. GAMOT, JR. 2/5/2004 561-832-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #