2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P94000048078

1. Entity Name JERRY H. JEFFERY, P.A.

FILED Feb 19, 2004 08:00 AM **Secretary of State**

Principal Place of Business

1900 HOWELL BRANCH ROAD

STE 5

WINTER PARK, FL 32792 US

Mailing Address

1900 HOWELL BRANCH ROAD

STE 5

WINTER PARK, FL 32792 US



DO NOT WRITE IN THIS SPACE

01272004

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-3274293

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFERY, JERRY H 1900 HOWELL BRANCH ROAD STE 5 WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

*****	, , <u>-</u>						
the obligat	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	•	
SIGNATURE_	Signature, typed or printed name of togistered agent and title if	applicable (NOTE Registered A	gent 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	U00000058159 02/20/04-80017-024 150.00		
10.	10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERY, JERRY H 1901 OLD CLUB POINT MAITLAND, FL 32751						
TITLE NAME STREET ADDRESS CITY+ST-7IP							
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							

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR