


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000057672	
1. Entity Name ALL OFFICE SUPPORT OF LEE & COLLIER, INC.	

Principal Place of Business 7181 COLLEGE PKWY STE 30 FORT MYERS, FL 33907-5640 US	Mailing Address 7181 COLLEGE PKWY STE 30 FORT MYERS, FL 33907-5640 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHOENFELD, LOWELL S 1520 ROYAL PALM SQUARE BOULEVARD SUITE 320 FORT MYERS, FL 33919	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 title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

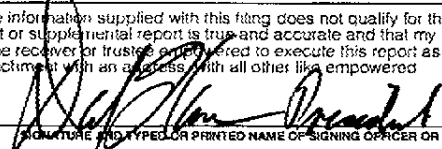
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KANE, DAVID J 6053 TIMBER WOOD CIRCLE 233 FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/20/04-80026-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **16 Apr 04** **239-939-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #