## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

ANNUAL KEPUKI					Secretary of Sta			
DOCUMENT # P94000073651  1. Entity Name DAVID L. PARTLOW, P.A.					^		y or see	
Principal Place 4100 W. KEN STE. 210 TAMPA, FL 3		Mauing Address 4100 W. KENNEDY BLVD. STE. 210 TAMPA, FL 33609-2244 US				î <b>24</b> 1ê <b>72042</b> Wil <b>ê E</b> wal ê	ilet k <b>erek</b> a (i keri	
DO NOT WRITE IN THIS SPA			CE	01062004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 59-3275565 Not Applicab  5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent PARTLOW, DAVID 4100 W. KENNEDY BLVD., STE. 210 TAMPA, FL 33609					NOT W			
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, noted or crinted name of registered agent and title if applicable (NOTE. Registered Agent signature required whom reinstating)  DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees	.00 May Be U00000141583 04/30/04-80016-019 150.00			
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	OFFICERS AND DIR PSTD PARTLOW, DAVID L 4100 W. KENNEDY BLVD., STE. 21 TAMPA, FL 33609				NOT W			
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(3Xi), 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 it 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.

NAME STREET AODRESS CITY ST-ZIP

CONATURE AND THEE OF PRINTED MAKE OF SIGNING OFFICE OF MUNICIPOR

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