

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000092784</b> 1. Entity Name YARBROUGH, SARNOWSKI, & EVANS, P.A.			
Principal Place of Business 314 S. MISSOURI AVE. SUITE 310 CLEARWATER, FL 33756 US		Mailing Address 314 S. MISSOURI AVE. SUITE 310 CLEARWATER, FL 33756 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3287887	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			
EVANS, ROBERT P 314 S. MISSOURI AVE. SUITE 310 CLEARWATER, FL 33756		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SARNOWSKI, DAVID J. 314 S. MISSOURI AVE., SUITE 310 CLEARWATER, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EVANS, ROBERT P 314 S. MISSOURI AVE., SUITE 310 CLEARWATER, FL		
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<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  <b>ROBERT EVANS</b>		Date 1-6-04	Daytime Phone # 727-446-6097