## . 2904 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT DOCUMENT # P94000093140

1. Entity Name WILLIAM L. ZVARA, P.A.

Principal Place of Business Mailing Address

4810 ARAPAHOE AVE JACKSONVILLE, FL 32210 US

P.O. BOX 49 JACKSONVILL

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKSONVILLE, FL 32210

## FILED Apr 22, 2004 08:00 AM Secretary of State



04212004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3291463

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZVARA, WILLIAM L 4810 ARAPAHOE AVE JACKSONVILLE, FL 32210

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when relastating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	1/00000124230 04/22/04-80034-025 150.00	
10. OFFICERS AND DIRECTORS						
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZVARA, WILLIAM L 4810 ARAPAHOE AVE JACKSONVILLE, FL 32210					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
THEE NAME STREET ADDRESS CHY-SY-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
12. I hereby certify that the information supplied with this filing 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.						