


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 09, 2004 08:00 AM

Secretary of State

DOCUMENT # P94000093452		
1. Entity Name WEBSTER & KRAUSE, P.A.		
Principal Place of Business 1220 DOUGLAS AVE. #203 LONGWOOD, FL 32779 US	Mailing Address 1220 DOUGLAS AVE. #203 LONGWOOD, FL 32779 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KRAUSE, MITCHEL B 1220 DOUGLAS AVE STE 203 LONGWOOD, FL 32779		
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) <small>Signature, typed or printed name of registered agent and title if applicable</small> 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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBSTER, DAVID A 1220 DOUGLAS AVE #203 LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS KRAUSE, MITCHEL B 1220 DOUGLAS AVE - #203 LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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(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: <u><i>Mitchel Krause</i></u> MITCHEL KRAUSE Secretary <u>2/9/04</u> <u>407-862-2001</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3289862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/10/04-80066-016 150.00