## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # P95000007955 ROBERT O. BAUER, JR., P.A. Principal Place of Business Mailing Address 1550 SO. HIGHLAND AVE., #C 1550 SO. HIGHLAND AVE., #C CLEARWATER, FL 33756 CLEARWATER, FL 33756 04122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3307768 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAUER, ROBERT O JR. DO NOT WRITE 1550 S. HIGHLAND AVENUE #C CLEARWATER, FL 33756 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstaling) 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. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BAUER, ROBERT O JR. NAME STREET ADDRESS 1550 SO. HIGHLAND AVE., #C CLEARWATER, FL 33756 CITY-ST-ZIP U00000129689 04/26/04-80088-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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)(1), 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

**FILED** 

446-4800