2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000041437

Entity Name

LEVIN AND TANNENBAUM, P.A.



Principal Place of Business

1680 FRUITVILLE RD

STE 102

SARASTOA, FL 34236 US

Mailing Address

1680 FRUITVILLE RD

SRTE 102

SARASOTA, FL 34236 L

FILED Feb 20, 2004 08:00 AM Secretary of State



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 01072004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number 65-0583708
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, JEROME S 1680 FRUITVILLE RD STE 102 SARASOTA, FL 34236

DO NOT WRITE 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.								
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable (NOTE Reg	gistered Agent sig-	gnature requi	ired when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Frust Fund Contribution				5.00 May Be dded to Fees				
10.	OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANNENBAUM., ALAN E 1680 FRUITVILLE RD STE 102 SARASOTA, FL					U00000058575 02/20/04-80043-025 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVIN, JEROME S 1680 FRUITVILLE RD STE 102 SARASOTA, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		THIS SPACE		
TITLE			ŧ					

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 explicit eithis 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 ADDRESS
CITY- ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone il