

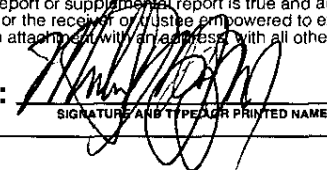


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90382 048 ***150.00

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P95000049272 | | | |  | |
| 1. Entity Name MICHAEL & MARIA DOMINGOES, P.A. | | | | | |
| Principal Place of Business 3534 A1A SOUTH ST AUGUSTINE, FL 32080 | | | Mailing Address 3534 A1A SOUTH ST AUGUSTINE, FL 32080 | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Zip | | | |
| Country | | Country | | 4. FEI Number 59-3322886 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent O'CONNELL, W.H. 2200 N PONCE DE LEON BLVD STE 10 ST AUGUSTINE, FL 32084 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City FL Zip Code | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete DOMINGOES, MICHAEL W 504 HOOT OWL COURT ST AUGUSTINE, FL 32084 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete DOMINGOES, MARIA A 504 HOOT OWL COURT ST AUGUSTINE, FL 32084 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 recipient of justice 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:  | | | 4/28/04 9044615788 Date Daytime Phone # | | |
| SIGNATURE AND TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |