2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059854

Address:

City-St-Zip:

Entity Name: FALLGATTER & FARMAND, P.A

FILED Jan 07, 2004 Secretary of State

Lineity Ivai	me: TALLOATTE	IN Q I AINIVIAIND, I .A.			
Current Principal Place of Business:			New Principal Place of Business:		
200 E FOR JACKSON	RSYTH ST WILLE, FL 32202	. US			
Current Mailing Address:			New Mailing Address:		
200 E FOR JACKSON	RSYTH ST VILLE, FL 32202	US			
FEI Number:	: 59-3329704	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cur	rent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
200 E FOF	TER, CURTIS RSYTH ST VILLE, FL 32202	. US			
	named entity sub e of Florida.	omits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing Ti	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST () De FALLGATTER, CUI 200 E FORSYTH S JACKSONVILLE, F	RTIS S ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	() De	elete	Title: VP Name: FARMAND.	()Change(X)Addition MUSA K	

Address:

City-St-Zip:

200 E FORSYTH ST JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURTIS FALLGATTER P 01/07/2004