



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000089088 1. Entity Name LEDGER PLUS OF BAY COUNTY, INC.	
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Principal Place of Business 8730 THOMAS DR., UNIT 1110A PANAMA CITY BEACH, FL 32407 US	Mailing Address 8730 THOMAS DR., UNIT 1110A PANAMA CITY BEACH, FL 32407 US
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DO NOT WRITE IN THIS SPACE

	
01072004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3420556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAMUELS, CYNTHIA
1309 POMPANO ROAD
PO BOX 27873
BAY POINT, FL 32411**

**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: *Cynthia Samuels* **3.15.04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SAMUELS, CYNTHIA S 8730 THOMAS DR., UNIT 1110A PANAMA CITY BEACH, FL 32407
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03/26/04-80035-014 150.00

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: *Cynthia Samuels* **3.15.04** **8302356221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone