



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90086 044 ***150.00

DOCUMENT # P96000013871					
1. Entity Name LAURIE LLOYD GORDON, P.A.					
Principal Place of Business 320 N MAGNOLIA STE A-1 ORLANDO, FL 32801			Mailing Address P.O. BOX 561310 ORLANDO, FL 32806		
2. Principal Place of Business 2111 E. MICHIGAN ST.		3. Mailing Address P.O. Box 561310			
Suite, Apt. #, etc. SUITE 131		Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip 32806		Country USA		04202004 Chg-P CR2E034 (10/03)	
4. FEI Number 99-3664017 59-3364017		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GORDON, LAURIE L 320 N MAGNOLIA STE A-1 ORLANDO, FL 32801 2111 E. MICHIGAN ST SUITE 131 ORLANDO FL 32806			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 <u>Laurie L. Gordon</u> DATE <u>4/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	GORDON, LAURIE L				
STREET ADDRESS	910 LANCASTER DR.				
CITY-ST-ZIP	ORLANDO, FL 32806				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
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CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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)(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: <u>Laurie L. Gordon</u> <u>Laurie L. Gordon</u> <u>4/20/04</u> <u>407-898-9882</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					