## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 16, 2004 08:00 AM DOCUMENT # P96000015752 **Secretary of State** 1. Entity Name MARTIN A. PURCELL, P.A. Principal Place of Business Mailing Address 239 SOUTH COUNTY ROAD 239 SOUTH COUNTY ROAD PALM BEACH, FL 33480 PALM BEACH, FL 33480 CR2E034 (10/03) 01072004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0645091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PURCELL, MARTIN A DO NOT WRITE 239 SOUTH COUNTY ROAD PALM BEACH, FL 33480 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 if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing U00000054480 02/16/<u>04</u>-80174-005 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PURCELL, MARTIN A NAME STREET ADDRESS 239 SOUTH COUNTY ROAD PALM BEACH, FL 33480 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

02/12/04 (501) 832-0022

**FILED**