					
2004 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Feb 23, 2004 08:00 AM	
DOCUMENT # P96000039491 1. Entity Name JEFFREY HAP, P.A.					cretary of State
Principal Place of Business Mailing Address 341 WEST INDIANTOWN ROAD 341 WEST INDIANTOWN ROAD JUPITER, FL 33468 JUPITER, FL 33468					
E	O NOT WRITE II	n an	CE	02192004 No Chg-P 4. FEI Number 65-0670183 5. Certificate of Status Desired	CR2E034 (10/03) CR2E034 (10/03) Applied For Not Applicable S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HAP, JEFFREY 341 WEST INDIANTOWN ROAD JUPITER, FL 33468				DO NOT W IN THIS SF	
the obligat SIGNATÙRE. FIL	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title E NOWILL FEE IS \$150.00	If applicable (NOTE, Registere 9. Election Campaign Final	Alta - Carty - Control - C	ان این این این می و میشود با این این این این این این این این این ای	Drida. I am familiar with, and accept
	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS D HAP, JEFFREY 341 WEST INDIANTOWN ROAD JUPITER, FL 33468				00062568 4-80128-002 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		·		······································	
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NITLE NAME STREET ADDRESS CITY (ST - ZIP	· · · · · · · · · · · · · · · · · · ·	i de ser en sue de la companya de la	···· ····		
12. I hereby of indicated of the cor changed,	partify that the information supplied with this fi on this report or supplemental report is true a portation or the receiver or trustee empower or on an attachment with an address, with a	ling does not qualify for the exe and accurate and that my signa to execute this report as requi other like empowered.	mption stated in Sec ture shall have the s red by Chapter 607	tion 119.07(3)(i), Florida Statutes. I ame legal effect as if made under of Florida Statutes; and that my name	I further certify that the information path; that I am an officer or director e appears in Block 10 or Block 11 if_
SIGNAT		NAME OF SIGNING ORECER OF DIRECT	TOR	2/0/04	56 1575-1900 Dayomo Phone #