


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90021 036 \*\*\*150.00

<b>DOCUMENT # P96000045781</b>		
1. Entity Name GUY J.D. TREMBLAY, P.A.		

Principal Place of Business 3100 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308 US	Mailing Address 3970 OAKS CLUBHOUSE DRIVE SUITE 306 POMPANO BEACH, FL 33069 US
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2. Principal Place of Business 3970 Oaks Clubhouse Dr.	3. Mailing Address
Suite, Apt. #, etc. Suite 306	Suite, Apt. #, etc.
City & State Pompano Bch, FL	City & State
Zip 33069	Country USA



01232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  TREMBLAY, GUY J.D. 3970 OAKS CLUBHOUSE DRIVE SUITE 306 POMPANO BEACH, FL 33069	
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4. FEI Number 65-0674201	Applied For <input type="checkbox"/> Not Applicable
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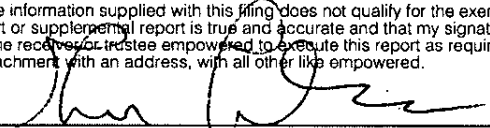
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)	
DATE _____	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREMBLAY, GUY J 3970 OAKS CLUBHOUSE DRIVE, SUITE 306 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	3/8/04 Date Daytime Phone #