


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91236 038 ***150.00

DOCUMENT # P96000051832	
1. Entity Name LAW OFFICES OF KARLENE S. STEVENS, P.A.	

Principal Place of Business 1615 FORUM PLACE, SUITE 500 WEST PALM BEACH, FL 33401 US	Mailing Address 1615 FORUM PLACE, SUITE 500 WEST PALM BEACH, FL 33401 US
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2. Principal Place of Business 5085 Okeechobee Blvd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 4733 Suite, Apt. #, etc.
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04302004 Chg-P CR2E034 (10/03)

City & State West Palm Beach, FL	City & State West Palm Beach, FL	4. FEI Number 65-0672485	Applied For <input type="checkbox"/> Not Applicable
Zip 33417	Country USA	Zip 33402	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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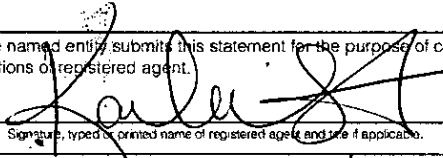
6. Name and Address of Current Registered Agent

STEVENS, KARLENE S ESQUIRE
1615 FORUM PLACE, SUITE 500
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name **Karlene Stevens**
 Street Address (P.O. Box Number is Not Acceptable)
5085 Okeechobee Blvd
 City **West Palm Beach** FL Zip Code **33417**

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  **Karlene Stevens** **4/30/04**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

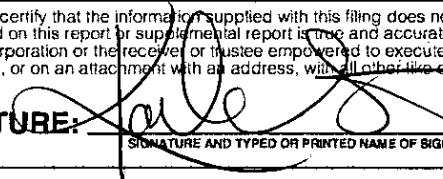
10. OFFICERS AND DIRECTORS

TITLE PSD	<input type="checkbox"/> Delete
NAME STEVENS, KARLENE S	
STREET ADDRESS 1615 FORUM PLACE, SUITE 500	
CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS NAME	
CITY-ST-ZIP NAME	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS NAME	
CITY-ST-ZIP NAME	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS NAME	
CITY-ST-ZIP NAME	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS NAME	
CITY-ST-ZIP NAME	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Karlene Stevens	
CITY-ST-ZIP 5085 Okeechobee Blvd	
CITY-ST-ZIP West Palm Beach, FL 33417	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME	
CITY-ST-ZIP NAME	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME	
CITY-ST-ZIP NAME	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME	
CITY-ST-ZIP NAME	

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:  **Karlene Stevens** **4/30/04** **616-4567**
Signature and typed or printed name of signing officer or director Date Daytime Phone #