


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000056631 1. Entity Name LOZIER, THAMES & FRAZIER, P.A.	
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Principal Place of Business 24 WEST CHASE STREET PENSACOLA, FL 32502 US	Mailing Address 24 WEST CHASE STREET PENSACOLA, FL 32502 US
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3386203	Applied For Not Applicable
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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 LOZIER, DANIEL R 24 WEST CHASE STREET PENSACOLA, FL 32502
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DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOZIER, DANIEL R 24 WEST CHASE STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THAMES, WILLIAM K II 24 WEST CHASE STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FRAZIER, PAMELA K 24 WEST CHASE STREET PENSACOLA, FL 32502
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 04/19/04-80096-005 150.00

DO NOT WRITE IN THIS SPACE

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: William K. Thames II V.P. William K. Thames II 4/15/04 851/469-0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #