

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90001 002 \*\*\*150.00

<b>DOCUMENT # P96000070872</b> 1. Entity Name <b>LOUISE R.A. HUEY, CPA PA</b>					
Principal Place of Business <b>209 WEST CHRUCH STREET JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>209 WEST CHRUCH STREET JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3402666</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HUEY, LOUISE R.A. 209 WEST CHRUCH STREET JACKSONVILLE, FL 32202</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUEY, LOUISE R.A. 209 WEST CHRUCH STREET JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>5/20/2004</b> Daytime Phone #: <b>904 3553635</b>		

**54054999**



03082003 Chg-P CR2E034 (10/03)

*Attachment*

*54054999*

LOUISE R A HUEY, C.P.A., P.A.  
209 WEST CHURCH STREET  
JACKSONVILLE, FLORIDA 32202

*#P96000070872*

Telephone No. (904) 355-3635

Fax (904) 354 2234

ANNUAL REPORT

DEPARTMENT OF CORPORATIONS

LOUISE R A HUEY

DIRECTOR/PRES

NO CHANGE FROM LAST YEAR

*1200*

REQUESTED FORM NOT RECEIVED

04/30/2004

*Louise R A Huey 4/30/2004*