


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90060 017 ***150.00

DOCUMENT # P96000091655	
1. Entity Name JEFFREY D. DEEN, P.A.	

Principal Place of Business 238 N. WESTMORE DRIVE SUITE 210 ALTAMONTE SPRINGS, FL 32714	Mailing Address 238 N. WESTMORE DRIVE SUITE 210 ALTAMONTE SPRINGS, FL 32714
---	---

44003713



2. Principal Place of Business 781 Douglas Ave	3. Mailing Address 781 Douglas Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01162004 Chg-P CR2E034 (10/03)

City & State Altamonte Springs FL	City & State Altamonte Springs FL	4. FEI Number 59-3410123	Applied For <input type="checkbox"/> Not Applicable
Zip 32714-2566	Country Seminole	Zip 32714-2566	Country Seminole
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEEN, JEFFREY D 238 N. WESTMORE DRIVE SUITE 210 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 781 Douglas Ave City Altamonte Springs FL Zip Code 32714-2566
---	--

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
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEN, JEFFREY D 238 N. WESTMORE RD. SUITE 210 ALTAMONTE SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 781 Douglas Ave Altamonte Springs FL 32714-2566
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
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
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
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
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: Jeffrey D. Deen 407.862.2529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #