

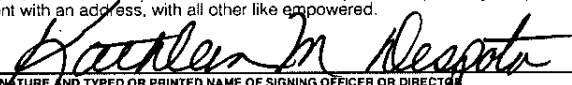


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90029 033 \*\*\*150.00

<b>DOCUMENT # P97000000136</b> 1. Entity Name <b>KATHLEEN M. DESPOTA, P.A.</b>					
Principal Place of Business <b>3020 SUMMERVALE DRIVE HOLIDAY, FL 34691</b>			Mailing Address <b>3020 SUMMERVALE DRIVE HOLIDAY, FL 34691</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		<div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>01092004</span> <span>Chg-P</span> <span>CR2E034 (10/03)</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>4. FEI Number <b>59-3430070</b></span> <span>Applied For Not Applicable</span> </div> <div style="font-size: small;">           5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </div>	
<b>6. Name and Address of Current Registered Agent</b>  <b>DESPOTA, KATHLEEN M 3020 SUMMERVALE DRIVE HOLIDAY, FL 34691</b>				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DESPOTA, KATHLEEN M</b> <b>3020 SUMMERVALE DRIVE</b> <b>HOLIDAY, FL 34691</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	