
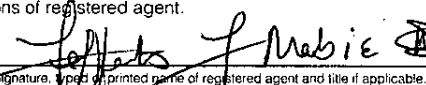



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90051 004 ***150.00

DOCUMENT # P97000014518 1. Entity Name LEFFERTS MABIE, P.A.																					
Principal Place of Business 601 N. ASHLEY DR. SSTE 1100 TAMPA FL 33602			Mailing Address P.O. BOX 499 TAMPA FL 33601-0499																		
2. Principal Place of Business 1021 Royal Pass Rd.		3. Mailing Address Suite, Apt. #, etc.																			
City & State Tampa, FL		City & State																			
Zip 33602		Country USA		4. FEI Number 59-3424158																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																			
6. Name and Address of Current Registered Agent MABIE, LEFFERTS L III 601 N ASHLEY DRIVE SUITE 1100 TAMPA FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1021 Royal Pass Rd. City Tampa FL Zip Code 33602																		
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  Lefferts L. Mabie III, Pres. 3-26-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PSTD <input type="checkbox"/> Delete</td> <td style="width:30%;">NAME</td> <td style="width:20%;">MABIE, LEFFERTS L III</td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 499</td> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33601-0499</td> </tr> </table>			TITLE	PSTD <input type="checkbox"/> Delete	NAME	MABIE, LEFFERTS L III	STREET ADDRESS	P.O. BOX 499	CITY-ST-ZIP	TAMPA FL 33601-0499	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:20%;">CITY-ST-ZIP</td> </tr> <tr> <td colspan="4" style="height: 40px;"> </td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP				
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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.																					
SIGNATURE:  Lefferts L. Mabie III 3-26-04 813-273-6811 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																					