


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000034926</b> 1. Entity Name <b>HARRY THOMAS HACKNEY, P.A.</b>	
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Principal Place of Business <b>3900 LAKE CENTER DRIVE SUITE A-6 MOUNT DORA, FL 32757 US</b>	Mailing Address <b>3900 LAKE CENTER DRIVE SUITE A-6 MOUNT DORA, FL 32757 US</b>
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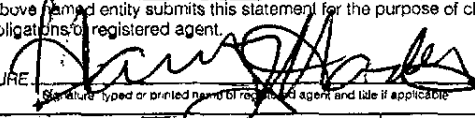
06302004 No Chg-P CR2E034 (10/03)

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4. FEI Number <b>59-3447448</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent <b>HACKNEY, HARRY THOMAS 3500 LAKE CENTER DRIVE SUITE A-6 MOUNT DORA, FL 32757</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  DATE: **8/25/04**

(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

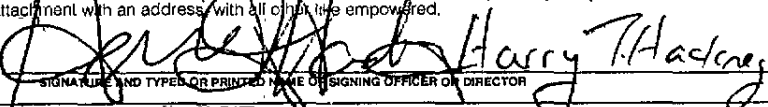
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD HACKNEY, HARRY THOMAS 10701 SUMMIT SQUARE DR LEESBURG, FL 34788</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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09/13/04-80003-007 150.00

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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)(f), 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 time empowered.

SIGNATURE:  DATE: **8/25/04** (352) 735-6500

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