## 2004 FOR PROFIT CORPORATION

## Apr 01, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P97000039642** 1. Entity Name WILLIAM C. HALDIN, JR., P.A. Principal Place of Business 808 SE FORT KING STREET 808 SE FORT KING STREET OCALA, FL 34471 OCALA, FL 34471 03312004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3445845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALDIN, WILLIAM C JR. DO NOT WRITE 808 SE FORT KING STREET OCALA, FL 34471 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000100526 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/01/04-80011-004 150.00 10. OFFICERS AND DIRECTORS TITLE HALDIN, WILLIAM C JR NAME STREET ADDRESS 808 SE FORT KING STREET OCALA, FL 34471 CITY-ST-ZIP TITLE NAME STREET ADDRESS City-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 either like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**