


2004 FOR PROFIT CORPORATION ANNUAL REPORT

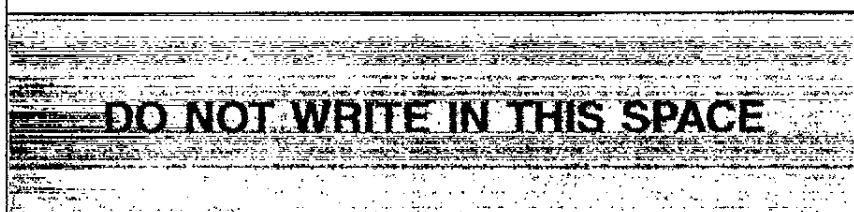
FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000052388

1. Entity Name
PATRICIA MARTIN STANFORD, P.A.



Principal Place of Business 1930 SAN MARCO BLVD SUITE 202 JACKSONVILLE, FL 32207 US	Mailing Address 1930 SAN MARCO BLVD SUITE 202 JACKSONVILLE, FL 32207 US
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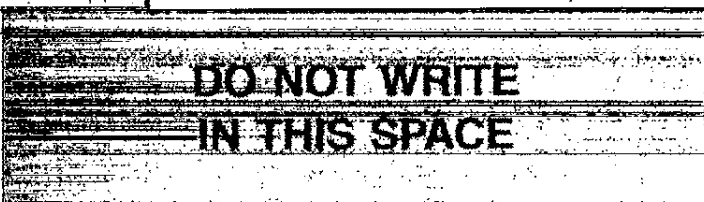


02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3452335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STANFORD, PATRICIA M
 1930 SAN MARCO BLVD
 STE 202
 JACKSONVILLE, FL 32207**



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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANFORD, PATRICIA M. 1930 SAN MARCO BLVD, SUITE 202 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 like empowered.

SIGNATURE: *Patricia M. Stanford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04 904-3416-4215
Date Daytime Phone #