


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

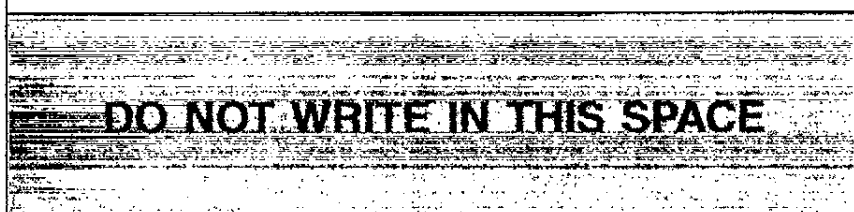
**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000052388**

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



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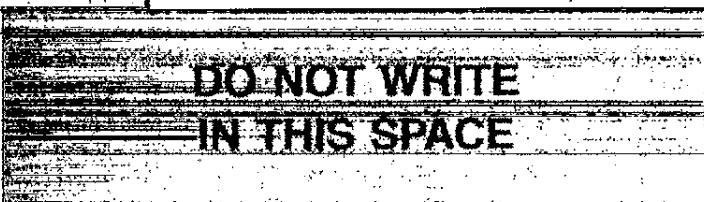


02102004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3452335</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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	<b>P STANFORD, PATRICIA M. 1930 SAN MARCO BLVD, SUITE 202 JACKSONVILLE, FL 32207</b>
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)(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: *Patricia M. Stanford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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