

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054515

FILED
Mar 07, 2004
Secretary of State

Entity Name: KIELY, JEREMIAH AND BARBERIS, P.A.

Current Principal Place of Business:

5978 POWERS AVE
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

5978 POWERS AVE
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3453810 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JEREMIAH, CLIFFORD
5978 POWERS AVE
JACKSONVILLE, FL 32217

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JEREMIAH, CLIFFORD
Address: 5978 POWERS AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: KIELY, ROBERT
Address: 5978 POWERS AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: BARBERIS, CARLOS R
Address: 1021 CESERY BLVD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: JEREMIAH, CLIFFORD
Address: 5978 POWERS AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: DR (X) Change () Addition
Name: KIELY, ROBERT
Address: 5978 POWERS AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: DR (X) Change () Addition
Name: BARBERIS, CARLOS R
Address: 1021 CESERY BLVD
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS BARBERIS

DR

03/07/2004

Electronic Signature of Signing Officer or Director

_____ Date